REQUEST FOR PAYROLL CORRECTION

PERIOD ENDING DATE (of pay period to be corrected): ____/____/____

EMPL#: _____ **EMPLOYEE NAME: _____**
(please print)

DEPT#: _____

❑ **SUPPLEMENTAL CHECK REQUEST -** Choose only if following Supplemental Payroll Policy criteria is met:

1. Correction is for *current* pay period only.
2. Correction is anticipated to be *20% or greater* of total gross earnings for the pay period.
3. Request is *submitted to Payroll by 12:00 noon* of Monday following the payday.

❑ **REGULAR CORRECTION REQUEST -** Choose if not meeting or requesting a Supplemental check.

CORRECTION REQUESTED: _____

_____

_____

_____

♦ Enter the date and the In and/or Out times (not hours due) of the correction. Enter Special Codes or Department floating, if applicable.

For example:	**Worked Hours:**	04/10/2001	08:00 – 12:00 CH 13:00 – 17:00 CH	or	04/13/2001	07:00 – 19:30 01.6080
	Benefit Hours:	04/17/2001	PTO 8.00 @ 07:00	or	04/21/2001	ONCLL 15.50 @ 16:30

REASON FOR CORRECTION: _____

_____

_____

_____

_____ ____/____/____
Employee Signature

_____ ____/____/____
Dept Manager Signature

_____ ____/____/____
Dept Administrator Signature

❑ **Employee authorizes supplemental check to be picked up by:**

_____ _____ ____/____/____
Printed *Name* of Person Picking Up — Pick Up Signature — Pick Up Date

(for Payroll use only)

❑ Correction request meets Supplemental criteria
- will be processed: ____/____/____

❑ Correction request does not meet criteria
- to be held for period end: ____/____/____

✓ Correction for pay period: ____/____/____

✓ Correction for _____% of total gross earnings

✓ Request submitted: ____/____/____ ____:____

❑ Missed Punch ❑ Special Code ❑ Scheduled Hours ❑ Human Resources ❑ Payroll ❑ System ❑ Other