

Employee Name _____ Banner ID _____

Pay Period _____ through _____ Department _____

(2) Time as previously submitted that requires correction (must complete part (3) also:

Month	Day	Position Number	Time Worked (Ex. 8:00 am – 12:00 pm)	Hours Worked	Comments/reason for not submitting with reporting cycle.

(3) Time as corrected from Part 2 (must complete part (2) also:

Month	Day	Position Number	Time Worked (Ex. 8:00 am – 12:00 pm)	Hours Worked	Comments/reason for not submitting with reporting cycle.

Supervisor/Department Head – Certification/Approval:

I certify the hours above or correction to previously submitted hours were worked and were not submitted correctly during the proper pay period.

Approving Supervisor Signature _____ Date _____

Payroll Approval _____

Applied to _____ **payroll**