

Web Time Timesheet Correction Form

This form must be submitted to the Payroll Office to make manual corrections to a previous pay period time. This form must be submitted immediately upon discovering time has not been reported or needs correcting.

Employee Name _		Banner ID		
Pay Period	through	Department		

I certify the hours below were worked and not submitted with prior pay period time or were submitted incorrectly through a prior pay period time.

Employee Signature _____ Date _____

Please complete Item 1 OR Item 2 AND Item 3 below.

(1) <u>Time not previously submitted:</u>

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

Employee Name _		Banner ID	
Pay Period	through	Department	

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

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

(3) <u>Time as corrected from Part 2 (must complete part (2) also:</u>

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.

_____Date _____

Payroll Approval ______ payroll