DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

TIMESHEET CORRECTION FORM

EMPLOYEE NAME _____ _____ SS#_____ ID#_____

CORRECTION FOR PAY PERIOD ENDING_____ PAY LOCATION_____

DATE TO BE CHANGED	HOURS AS REPORTED	HOURS AS SHOULD HAVE BEEN	EXPLANATION
SAMPLE – 1-1-00	6 REG, 1 SL, 1 VL	4 REG, 1 SL, 3 VL	DID NOT RETURN TO OFFICE AFTER DR APPT

REMARKS

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EMPLOYEE'S SIGNATURE _____ SUPERVISOR'S APPROVAL _____

REV 10/99