Time Entry Correction (Missed Hours) Form

Employee Name:	Department:
Total Hours Missed:	
Dates and Explanation:	
Disclaimer and Signatures	
	ing this document, I am verifying that the dates and hours form will supplement and/or replace the official payroll record
Employee:	Date:
Department Head:	Date:
Commission Office:	Date:

Instructions for Employees: After you have completed the form, submit it to your department head for approval, who will send it to the Commission Office. Please note that forms received after the 24th may not be reviewed and processed in time to be paid within the month's pay period.