

University of Houston

TIMESHEET CORRECTION/ ADJUSTMENT FORM

EMPLOYEE INFORMATION

Employee Name: _____
Last *First* *Pay Run ID*

Employee ID Number: _____ Department : _____ Date: _____

ADJUSTMENT INFORMATION

Reason for Adjustment:

**** NOTE**

Attach all supporting documentation to the **original** timesheet corrected in accordance with MAPP 02.05.02, VIII.B.2

FAX or Mail this form with the supporting documentation to the payroll office

Employee Signature _____ Date: _____

Same approvals as _____ Date: _____

the original _____ Date: _____

timesheet _____ Date: _____