

Exempt Employee PAYROLL TIMESHEET CORRECTION FORM

Department No. Pay Period BEGIN date: Payroll Specialist:
 Employee Name: Employee ID: Position No.: Rec. No. FTE %:
Last Name, First Name, MI

You can click and type hours directly into the grid below:

Earn Code	SUN	MON	TUE	WED	THU	FRI	SAT	Total WK1	SUN	MON	TUE	WED	THU	FRI	SAT	Total WK2	Pay Period Total
Date																	
REG																	
In Pay Status Totals:																	

Reason For Correction: *A reason must be specified or your correction will not be honored.*

All times listed on this report reflect actual time, including leave, and are true and should be correct to the best of my knowledge.

Timekeeper Signature: _____ Date: _____

Special Funding: _____

Special Funding must be reviewed by Budget/Human Resources

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Fax form to 913-945-5200
 Questions? 913-588-5100