



Payroll Department

TIME AND ATTENDANCE CORRECTION FORM

Time Sheet Dept #: _____

Employee Name: _____

Department Name: _____

Employee ID #: _____

Pay Period Ending Date: _____

ENTER CORRECTED INFORMATION BELOW:

WEEK# 1

WEEK# 2

	SUN	MON	TUE	WED	THU	FRI	SAT
IN							
OUT							
TOTAL							

	SUN	MON	TUE	WED	THU	FRI	SAT
IN							
OUT							
TOTAL							

REASON FOR CORRECTION:

_____ CHANGE DUE TO EARLY SUBMISSION OF TIMESHEETS FOR HOLIDAY.

_____ ADJUSTMENT OF DATA RECORDED ON TIMESHEET.

_____ EMPLOYEE ERRONEOUSLY OMITTED FROM TIMESHEET.

_____ OTHER (EXPLAIN) _____

Employee Signature: _____

Date: _____

Department Head Name: _____

Dept. Head Signature: _____

Dept. Head Phone #: _____

E-mail: _____

Date: _____

PLEASE SUBMIT ORIGINAL COMPLETED FORM TO THE PAYROLL DEPARTMENT,
 BOLE HALL, 201 MULLICA HILL ROAD, GLASSBORO, NJ 08028
 IF YOU HAVE ANY QUESTIONS, PLEASE CALL (856) 256-4166