



Payroll Department

BANNER TIME AND ATTENDANCE CORRECTION FORM

Time Sheet Dept #: _____

Employee Name: _____

Department Name: _____

Employee ID/SSN #: _____

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, 335 GEORGE STREET, LIBERTY PLAZA, 4TH FLOOR, NEW BRUNSWICK, NJ 08903. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (732) 235-9207