TIME AND LEAVE CORRECTION REPORT

Fax to ext. 6055 or hand deliver to HR.

NAME: ______________________ **TIMESHEET ORG:** ______________________

BANNER ID#: ______________________ **MONTH/YEAR:** ______________________

EARNINGS DESCRIPTION	Position #: ______ Total Hours Reported:	Correct Total Hours:	Difference in Hours	Position #: ______ Total Hours Reported:	Correct Total Hours:	Difference in Hours
Regular Pay						
Holiday Pay						
Comp Time Earned at Straight Time						
Comp Time Earned at 1.5 Times						
Overtime Paid at 1.5 Times						
Annual Leave						
Sick Leave						
Personal Leave						
Comp Time Balance						
Comp time Taken at Straight Time						
Comp Time Paid Straight Time						
Administrative Leave						
Educational Leave (3hrs/wk)						
Military Leave						
Court and Jury Leave Paid						
Leave w/o pay excused						
Inconvenience Pay						
Advanced Sick Leave						
Workers Comp Leave without Pay						

REASON:

REASON:

Authorized Signature: ______________________ **Phone #:** ______________________