

TIME CARD CORRECTION

Date: _____

Employee Name: _____ Employee # _____

DO NOT WRITE

Pay Period Ending: _____ Section/Unit#: _____

IN THIS SPACE

Bargaining Unit: _____ Department Contact: _____

Date(s) to Change:

Original Entry:

Corrected Entry:

Regular: _____

Shift: _____

Overtime: _____

Shift: _____

Remarks: _____

Pay Period Ending Balances

Corrected accrual balances: Sick _____ Vac _____ Hol _____ PL _____

Corrected pay balances: Regular _____ Shift Diff _____ Wknd Diff _____

Overtime _____ Overtime Shift Diff _____ *OIC _____ On Call _____

I certify that to the best of my knowledge, the above is a true report of the attendance of this employee.

_____ (Dept. Head/Authorized Signer)

*police section only

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