

# UMHS Payroll Adjustment/Correction Form

Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_ - \_\_\_\_\_

Biweekly Paid

Monthly Paid

Employee Record Number: \_\_\_\_\_

Pay Date: \_\_\_\_\_

**Payment Type Requested** (Check One)

- On Demand** – direct deposit (Posted each Monday; deadline to payroll is **11am** on previous Thursday)
- Online** - Check Sent To: (Deadline to payroll is **11am** daily)
- Wolverine Tower (615-2000)       Dearborn (313-593-5255)
- US Mail       Flint (810-762-3480)

**Department Information**

Department Name: \_\_\_\_\_ Charge To Short Code: \_\_\_\_\_

**Breakdown of Pay**

Date	/		/		/		/		/	
TRC/ Hrs	TRC	HRS	TRC	HRS	TRC	HRS	TRC	HRS	TRC	HRS
Was Paid										
Should Be Paid										
Date	/		/		/		/		/	
TRC/ Hrs	TRC	HRS	TRC	HRS	TRC	HRS	TRC	HRS	TRC	HRS
Was Paid										
Should Be Paid										

**Reason for Correction** (Check one that best applies)

- Late Timesheet     Job Data Incorrect (Dept)     Wrong Empl Rcd #     Check Reversal
- Revised Timesheet     HR entry Error/Correction     Did Not Interface Correctly     Other(**explain below**)
- Timekeeper Error     Late Paperwork     PTO Overmax (nursing requires documentation)

**Missing Time? (Did not report time at all before Data Entry Cut-Off)** (Check one)     yes     no

**Comments:** \_\_\_\_\_

Timekeeper (print): \_\_\_\_\_ Phone: \_\_\_\_\_

TK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ FAX form to 7-1918 Revised October, 2006