

# TIME CORRECTION FORM

Employee Name: \_\_\_\_\_  
(PRINT NAME)

Home Department: \_\_\_\_\_  
(SIX DIGIT NUMBER)

PAY PERIOD ENDING: \_\_\_\_\_

REASON FOR CORRECTION: \_\_\_\_\_  
(Reason Needs To Be Documented Before Time Correction Can Be Processed)

HOURS TO BE ADDED - BE SURE TO USE AM & PM WITH TIMES								
Date	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	BENEFIT CATEGORY (HML, TOB, WC, ETC)	TOTAL HRS
Total Hours								-

HOURS TO BE DELETED - BE SURE TO USE AM & PM WITH TIMES								
Date	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	BENEFIT CATEGORY (HML, TOB, WC, ETC)	TOTAL HRS
Total Hours								

Employee Signature	Date Form Completed	
<b>SUPERVISOR TO ANSWER THE FOLLOWING QUESTIONS:</b>		
Did Employee Review Kronos Timecard? _____	What Date Did Employee Review It? _____	
Hours Not In Kronos Due To Employee Error? _____	Hours Not In Kronos Due To Supervisor Error? _____	
Supervisor's Name (Printed)	Supervisor Signature	Date
Program Coordinator's Name (Printed)	Program Coordinator's Signature	Date
Person Completing Kronos Edit (Printed)	Kronos Editor's Signature	Date