**UMASS** **University of Massachusetts**

Contact Person: _____

Phone Number: _____

E-mail: _____

# *Weekly Time & Attendance* – Employee Correction Form

Employee Name:_____
           (Last)                                    (First)                              (MI)

Employee ID:_____  Empl Rec #:_____

Department:_____  Department ID: _____

☐ Correcting Previously Reported Time    ☐ Time Never Submitted

The following data was incorrectly reported for the above named employee for week ending_____/_____/_____
                                                                                                              (Month)    (Day)    (Year)

which is a *previous* pay week. Please correct and replace with the following:

| Account # | Time Reporting Code | *Sun | *Mon | *Tues | *Wed | *Thurs | *Fri | *Sat |
|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\* Report hours in decimals

Signature of Department Head:_____  Date Submitted: _____

**Comments / Central Use**

Type of Adjustment: _____    Process Pay Period End Date: _____