

WORKDAY TIMESHEET CHANGE FORM

Employee Name	W#
EE Phone	Email
Agency Code:	Pay Period End Date
Supervisor Name	W#
Supervisor Phone	Supervisor Email
Date Change Request Submitted	

CURRENT TIMESHEET ENTRIES (ONLY DATES REQUIRING CORRECTION NEED TO BE COMPETED)

	DATE	TIME IN	TIME OUT	SHIFT	WORKTAG	TIME ENTRY/TIME OFF
WED						
THUR						
FRI						
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						
MON						
TUES						

CORRECTED TIMESHEET SHOULD READ

	DATE	TIME IN	TIME OUT	SHIFT	WORKTAG	TIME ENTRY/TIME OFF
WED						
THUR						
FRI						
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						
MON						
TUES						

PLEASE USE THIS SPACE TO EXPLAIN REASON FOR CHANGE, AS WELL AS ADDITONAL INFORMATION:

By my signature below, I acknowledge that the changes requested above will be reviewed, approved, and entered by payroll staff. Any monies owed to me, or overpayments to be recovered from me will be reflected at a later pay date.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

FORMS MUST INCLUDE THE ORIGINAL SIGNATURE OF THE SUPERVISOR, OR THEY WILL NOT BE ACCEPTED. ALL AREAS OF THE FORM MUST BE COMPLETED IN FULL FOR TIMELY PROCESSING. DHMH – CT 6/2017