



Time Correction Request

Employee Name _____ Employee ID # _____

Cost Center _____ Project/Function _____

Incorrect Entry:

Date	System Code	In (Am/Pm)	Out (Am/Pm)	Lunch		Total Hours
				In (Am/Pm)	Out (Am/Pm)	

Correct Entry:

Date	System Code	In (Am/Pm)	Out (Am/Pm)	Lunch		Total Hours
				In (Am/Pm)	Out (Am/Pm)	

EXPLANATION OF TIME REPORTING ERROR:

CORRECTION APPROVED BY:

Employee _____

Date _____

Work Supervisor _____

Date _____

Cost Center Manager _____

Date _____

+++++
 Human Resources Processed by _____ Date _____

- | | | |
|-------------------------------|------------------------|---------------------------|
| A-Annual | J- Jury and Witness | T-Administrative Leave |
| C-Family Georgia Compensatory | K-Family Annual | V-Voting |
| D-Family Personal | L-Family Sick | W-Without pay, authorized |
| F-FLSA Compensatory | M-Military with pay | X-Disaster Volunteer |
| G-Georgia Compensatory | N-Military without pay | Y- Family, without pay |
| H- Holiday | P-Personal | 02-Time worked |
| I-Georgia Compensator Family | S-Sick | |