**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Job Title: |  | Contact No. & Email Address: |  |

**Payroll Period Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Pay Period Start Date: |  | Pay Period End Date: |  |
| Date of Payroll Issue: |  | | |

**Section 3: Correction Details**

| **Date** | **Description of Error** | **Correct Information** | **Amount Difference** | **Notes** |
| --- | --- | --- | --- | --- |
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**Reason for Correction**

Please provide a detailed description of the reason for the payroll correction:

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| --- |
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**Employee Certification**

I certify that the information provided above is accurate and that the payroll correction is necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Signature: | Signature | Date: |  |

**Supervisor/Manager Review**

I have reviewed the above payroll correction request and approve it for processing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor/Manager’s Name: | ` | | | |
| Supervisor/Manager’s Signature: | Signature | Date: |  | |
| Comments: | | | |
|  | | | |
|  | | | |
|  | | | |

**Payroll Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date: |  |
| Processed By: |  | Date: |  |
| Approved By: |  | Date: |  |
| Payment Date: |  | Date: |  |

Comments:

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