Employee Payroll Correction Form

Employee Name: _____ Employee ID #: _____

Type of Error: ☐ Underpayment ☐ Overpayment ☐ Missing Payment ☐ Other

Pay Period Error Was Made: _____

Reason for Error: _____

_____

_____

Correct Error: ☐ Next Regular Payroll ☐ Emergency Manual Check

If you are requesting an Emergency Manual Check you must contact the Financial Services Dept prior to Promising a manual to employee.

Correction Needed: _____

_____

_____

Supervisor Signature: _____ Date: _____

For Financial Services Use Only

Verification of Amount Due: Yes   No

Approved By: _____   **Approver Employee ID#:** _____

Payment Method Authorized: On-Cycle   Off Cycle   Emergency Manual

Date of Payment Resubmission: ___/____/_____

Date of Approval: ___/____/_____