



UMASS University of Massachusetts

Contact Person: _____
Phone Number: _____
E-mail: _____

Weekly Time & Attendance – Exception Reporting Employees 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: _____