

Contact Person :
Phone Number :
E-mail:

Timesheet –Correction/Late Pay Form

Student Non-student

Employee Name: _____
 (Last, First, MI)

Employee ID: _____ Empl Rec # : _____

Department: _____ Department ID: _____

Combo Code: _____ Hourly Rate: _____
 (Students only)

CHOOSE ONE: Correcting Previously Reported Time Correcting Time in SUMMIT Time Never Submitted

Time Reporting Code	Combo Code *Override only*	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat	*Total	Week Ending Date (Saturday)

* Report hours in decimals
 * Only Use Combo Code Column if you wish to override the combo code and charge time to a different account

This payroll has been processed in accordance with the University’s Payroll Expenditure Policy and the University’s Internal Control Plan. The amount listed has been certified to the Controller through the payroll system for payment. This certifies that time and attendance for each employee is on file in this department and has been authorized and approved by the appropriate manager to support amounts paid. This authorization and approval and supporting documentation will remain on file in this department for seven years for review by the University Auditor, campus internal auditing, or other auditing entity

Comments:

Forms that are received in Human Resources by payday will be GUARANTEED to be processed for the following paycheck. Forms that are received in Human Resources after payday MAY be processed for the following paycheck, if time permits. Transactions that fall into this situation will be treated on a case-by-case basis.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____