

# University of Houston

## TIMESHEET CORRECTION/ADJUSTMENT FORM

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
*Last* *First* *Pay Run ID*

Employee ID Number: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

### ADJUSTMENT INFORMATION

Reason for Adjustment:

#### **\*\*NOTE**

Attach all supporting documentation to the **original** timesheet corrected in accordance with MAPP 02.05.02, VIII.B.2

FAX or Mail this form with the supporting documentation to the payroll office

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Same approvals as \_\_\_\_\_ Date: \_\_\_\_\_  
the original

timesheet \_\_\_\_\_ Date: \_\_\_\_\_