



Houston Community College System
Payroll Department
TIME ENTRY CORRECTION REQUEST FORM

Use this form to request corrections to time reported via PeopleSoft Time & Labor Web Clock or Elapsed Time Page.

Step 1: Complete this form. Update the full week or weeks that have changes.

Step 2: Correct the time in PeopleSoft if within 30 days. If prior to 30 days, Payroll will make corrections.

Step 3: Send this form to Payroll Department. Keep a copy for your records.

Name: _____ EmplID: _____ Date: _____

Department Name: _____ Group ID: _____ Pay Period: _____

Work Week : / / thru / /

Reported:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>
	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>

Should Be:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>
	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>

Explanation: _____

Work Week : / / thru / /

Reported:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>
	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>

Should Be:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>	MEAL: <input type="checkbox"/>
	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>	IN: <input type="checkbox"/>
	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>	OUT: <input type="checkbox"/>

Explanation: _____

Employee Signature
By signing you are certifying the information on this form is correct.

Supervisor/Manager Signature
By signing you are certifying the information on this form is correct.