



Houston Community College 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 60 days. If prior to 60 days, fax to Time & Labor at 713-718-5024 for correction.
 Step 3: Send original form to Payroll Department, via interoffice mail at mail code 1116D.

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="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>
	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>

Should Be:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>
	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>

Explanation: _____

Work Week: _____ thru _____

Reported:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>
	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>

Should Be:	MON	TUE	WED	THU	FRI	SAT	SUN
TRC							
Hours							
(Missed) Punch	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>	Meal: <input type="text"/>
	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>	In: <input type="text"/>
	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>	Out: <input type="text"/>

Explanation: _____

Employee Signature

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

Date

Supervisor/Manager Signature

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

Date