WORKDAY TIMESHEET CHANGE FORM

Employee Name **W#**

Employee Phone **Employee Email**

Agency Code **Pay Period End Date**

Supervisor Name **W#**

Supervisor Phone **Supervisor Email**

Date Change Request Submitted

CURRENT TIMESHEET ENTRIES (Note: only dates requiring correction need to be completed)

DATE	TIME IN	TIME OUT	SHIFT	WORKTAG	TIME ENTRY/TIME OFF

CORRECTED TIMESHEET SHOULD READ

DATE	TIME IN	TIME OUT	SHIFT	WORKTAG	TIME ENTRY/TIME OFF

PLEASE USE THIS SPACE TO EXPLAIN REASON FOR CHANGE, AS WELL AS ADDITIONAL INFORMATION:

By my signature below, I acknowledge that the changes requested above will be reviewed, approved, and entered by Payroll staff. Any monies owed to me, or overpayments to be recovered from me will be reflected at a later pay date.

EMPLOYEE SIGNATURE **DATE**

SUPERVISOR SIGNATURE **DATE**

FORMS MUST INCLUDE THE ORIGINAL SIGNATURE OF THE SUPERVISOR, OR THEY WILL NOT BE ACCEPTED.

ALL AREAS OF THE FORM MUST BE COMPLETED IN FULL FOR TIMELY PROCESSING. **MDH - 8/2019**