

# Timecard Correction Form



Date Prepared: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Reason for Correction: \_\_\_\_\_  
Manager/Supervisor Name: \_\_\_\_\_

This timecard correction form is intended to correct errors from a previous pay period that were not processed through the correct payroll check. Employees completing this form must specify the correct date and time and provide reasons for the correction. The manager or supervisor then verifies and approves the correction. The manager or supervisor's responsibility is to submit this form to the payroll department, which will be processed on the following payroll check date.

Pay Period Beginning Date:

**Pay Period Ending:**

**Additional Comments:**

**Employee Certification:** I certify that the information reported above reflects the accurate correction needed for my timecard. I understand that falsifying time is considered fraud and may result in disciplinary action, up to and including termination of employment.

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

**Manager/Supervisor Approval:** I have reviewed the timecard correction submitted by the employee and confirm that the information provided is accurate to the best of my knowledge. I approve this correction for payroll processing and acknowledge my responsibility to ensure the accuracy of time records.

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_