

UNIVERSITY OF RHODE ISLAND PAYROLL
REQUEST FOR CORRECTION OF IN HOUSE ATTENDANCE REPORTS
(STUDENT AND INTERNAL HOURLY)

DATE _____

EMPLOYEE NAME _____ PAY GROUP _____

EMPLOYEE ID# _____ EMPL RECORD # _____

DEPARTMENT NAME _____ DEPT # (4 DIGIT) _____

PAY PERIOD END DATE _____ PAY PERIOD # _____

REASON _____ HOURLY RATE _____

JOB END DATE _____

Correct ONLY the day(s) requiring changes by:
 listing the hours originally reported in the FROM column &
 listing the correct hours in the TO column.

FOR PAYROLL USE ONLY - DATE & INITIALS		
POSTED		
APPROVED		
PAID		

1st Week	DATE	FROM	TO		2nd Week	DATE	FROM	TO
SUNDAY					SUNDAY			
MONDAY					MONDAY			
TUESDAY					TUESDAY			
WEDNESDAY					WEDNESDAY			
THURSDAY					THURSDAY			
FRIDAY					FRIDAY			
SATURDAY					SATURDAY			

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

PRINT SUPERVISOR'S NAME _____ PHONE NUMBER _____

Please submit to hourlycorrections@etal.uri.edu