

## Biweekly Timesheet Change Form

One form per employee/Position #/Pay Period combination.

Email completed correction forms to [BWTIMECHG@SLU.EDU](mailto:BWTIMECHG@SLU.EDU)

**Place an "X" in ONE Field Below for Type of Correction**

- Change to Originally Submitted Timesheet Hours
- New Employee or Job with No Timesheet Available
- Report Hours for Not Started Timesheet

**Pay Period Being Adjusted**

- Calendar Year Being Corrected
- BW Pay Period ID Being Corrected
- Pay Period Begin Date (Month/Day)

Employee Name:

Position #:

Banner Dept #:

Banner ID:

Dept Name:

**Instructions below are based on the type of correction which was selected above:**

► **"Change to Originally Submitted Timesheet Hours"** corrections require that **all** original entries (both Week #1 and Week #2), even if there is no net difference, be entered below AND all new time entries (Week #1 and Week #2), even if there is no net difference, be entered. The cells are setup and formulated to provide Payroll Services with the exact entries needed to correct an employee's originally reported time.

► **"New Employee or New Job with No Timesheet Available"** or **"Report Hours for Not Started Timesheet"** corrections require the completion of only the "All Hours That Should Be Reported" columns (Week #1 and/or Week #2) below.

Each Department is responsible for retaining a copy of this correction form, and appropriate backup, for 4 calendar years. Appropriate backup includes the details involved in the change being made below. Change/Addition Forms received by Payroll Services 10 days before the next pay date will be processed on the upcoming payroll cycle, forms received after that point will not be processed until the following pay period.

Earnings Code	Week #1				Week #2			
	All Hours Originally Reported	All Hours That Should Be Reported	Net Adjustment		All Hours Originally Reported	All Hours That Should Be Reported	Net Adjustment	
Regular	<input type="text"/>	<input type="text"/>	0.00	0.00	<input type="text"/>	<input type="text"/>	0.00	0.00
Vacation	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Sick	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Holiday Pay	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Holiday Bank Accrued	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Holiday Bank Used	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Unpaid	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Caregiver Sick	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
FMLA Vacation	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
FMLA Sick	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
FMLA Unpaid	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
Bereavement	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00		<input type="text"/>	<input type="text"/>	0.00	
<b>Totals for Week:</b>	0.00	0.00	0.00		0.00	0.00	0.00	

Explanation/Additional Information (if needed):

I have first hand knowledge of the activity described in this report. I certify that it is an accurate reporting of the work performed as reported on timesheets or time clocks maintained in this department and is an accurate correction to the prior timesheet/time clock submission.

*This form will only be accepted via email, and from the email account of the designated Time Approver or, in their absence, their PROXY.*

Designated Time Approver's Name:

Banner ID #: