



**PAYROLL CORRECTION MEMORANDUM  
CHIMES DC**

TO: Payroll Department, Fax 410-649-0905 or 410-358-6655

TODAY'S DATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_  
(Print Name)

EMPLOYEE NAME: \_\_\_\_\_  
(Print First & Last Name)

PAY DATE: \_\_\_\_\_

List below any missing hours include: the date, beginning and ending times of the day worked or total number of leave hours, and the location. If the employee was working at a different job, include the title or code.

**For example: 06/01/13      7:30 AM      4:00 PM      DOC      ACTING SUP**  
**For example: 06/01/13      8 hours      Leave      DOC      ACTING SUP**

Supervisor signs and dates this form and faxes/email to Payroll Department.

DAY	DATE	START TIME	END TIME	LOCATION/SHIFT	JOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

COMMENTS:

Form C-99DC 07/05; 04/16      \_\_\_\_\_ Supervisor Signature      \_\_\_\_\_ Date