



PAYROLL CORRECTION MEMORANDUM

TO: The Payroll Department

TODAY'S DATE: _____

SUPERVISOR'S NAME: _____
(Print Name)

EMPLOYEE NAME: _____
(Print First & Last Name)

EMPLOYEE: Obtain your final time sheet from your supervisor. List below any missing hours; include date, beginning and ending times of your shift, and the site or location.

For example: Worked hours- 06/01/16 8am - 12 midnight Bond Avenue
Leave hours- 06/01/16 8 LEAVE Bond Avenue

Give to supervisor for approval.

SUPERVISOR: Attach a copy of the employee's time card or final pay sheet for the pay period in question - verify the hours listed below. Remember to sign and date this form before faxing/emailing it to the Payroll Department. Fax # 410-649-0905 or 410-358-6655.

DAY	DATE	SHIFT/TOTAL LEAVE HOURS	LOCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

COMMENTS: