

Instructions: This form should be completed, signed by the employee's supervisor and mailed or faxed to the Payroll Office indicated in the address below:

(Note: A separate form should be completed for each pay period being corrected)

UNIVERSITY OF MIAMI
 PAYROLL OFFICE
 P.O. BOX 248106
 CORAL GABLES, FL 33124-2976
PHONE: (305) 284-3664
Fax: (305)-284-5395

**UNIVERSITY OF MIAMI - Payroll Office
 Revised Timesheet**

Adjustments will be processed on the next scheduled payroll.

EMPLOYEE'S NAME: _____ **UM ID Number:** _____

PAY PERIOD DATES: _____ **PAY PERIOD ID:** _____

THIS SHEET SHOULD INDICATE THE TOTAL HOURS AS THEY SHOULD HAVE BEEN PAID FOR THE ENTIRE PAY PERIOD BEING CORRECTED

DAYS	EARNING TYPE											
	Reg. Biweekly	Overtime	Sched. Hol.	Float Hol.	Vacation	Sick	Adm. Leave	On Call	Comp. Time	Other	Other	
FRI												
SAT												
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												
SUN												
MON												
TUE												
WED												
THU												
TOTAL:												
			150	191	170	700	770	445	\$			
								449	\$			

I certify that the correction(s) submitted are true and correct.

Employee Signature: _____ **Date:** _____ / _____ / _____

Supervisor Name: _____ **Phone:** _____ - _____ - _____

Supervisor Signature: _____ **Date:** _____ / _____ / _____