



MOTLOW STATE
COMMUNITY COLLEGE
Web Time Entry Correction Form

This form must be submitted to the Payroll Office to make manual corrections to a previous time reporting period. This form must be submitted immediately upon discovering time has not been reported or needs correcting.

Employee Name _____ Banner ID _____

Reporting Period _____ through _____ Department _____

I certify the hours below were worked and not submitted with a prior time reporting period or were submitted incorrectly through a prior time reporting period.

Employee Signature _____ Date _____

Please complete Item 1 OR Item 2 and Item 3 below.

(1) Time not previously submitted:

Month	Day	Position Number	Time Worked (Ex. 8:00 am-12:00 pm)	Hours Worked	Comments/reason for not submitting with reporting cycle.

(2) Time as previously submitted that requires correction (must complete part (3) also):

Month	Day	Position Number	Time Worked (Ex. 8:00 am-12:00 pm)	Hours Worked	Comments

(3) Time as corrected from Part 2 above (must complete part (2) also):

Month	Day	Position Number	Time Worked (Ex. 8:00 am-12:00 pm)	Hours Worked	Comments

Supervisor/Department Head - Certification/Approval:

I certify the hours above or correction to previously submitted hours were worked and were not submitted correctly during the proper reporting period.

Approving Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

President, VP or Designee Signature (if required) _____ Date _____