EMPLOYEE PAY CORRECTION REQUEST FORM
(Only one employee per form.)

EMP ID #		EMPLOYEE Home Org Unit #		EMPLOYEE NAME				
Org Unit # PAYING		ORG UNIT DESCRIPTION			PAY PERIOD BEGIN DATE		PAY PERIOD END DATE	

LEAVE CORRECTION

START DATE REPORTED	END DATE REPORTED	ENTERED AS		SHOULD BE		
		ABSENCE TYPE	HOURS	ABSENCE TYPE	HOURS	REASON

HOURLY, OVERTIME, EXTRA PAY, OR LATE PAY TIME CORRECTION

DATE WORKED	ACCOUNT CODE			ENTERED AS		SHOULD BE	
	REC CTR or REC ORDER NUMBER	REC_FUND	FUNCTIONAL AREA	ATTENDANCE TYPE	HOURS	ATTENDANCE TYPE	HOURS

REASON FOR CORRECTION _____

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_____ _____ _____ _____

PRINCIPAL OR DEPT HEAD SIGNATURE   **DATE**   **DIVISION DIRECTOR or DEPT EXEC DIR**   **DATE**

Return completed form with two (2) signatures to the Payroll Department at email: Payroll@houstonisd.org