



TIME AND ATTENDANCE CORRECTIONS AND OMISSIONS MEMORANDUM

TRS Location Code

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Employee Name (Please Print-First, MI, Last)		T & A Group Number	Employee Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td></tr></table> OR												
Date	Position or Title	Pay Period Number BW _____ MO _____	Last Four Digits of Social Security Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">-</td><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">X</td><td style="width: 25px; height: 15px;">-</td><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td><td style="width: 25px; height: 15px;"> </td></tr></table>	X	X	X	X	-	X	X	-				
X	X	X	X	-	X	X	-								

INSTRUCTIONS:

1. This form is for use with all Time and Attendance groups.
2. A signed, original time report or leave request for the time period being corrected must be attached to this form.
Copies cannot be accepted.
3. Overtime for employees paid monthly should not be reported on this form unless it is a correction to previously reported or omitted time. Overtime for employees paid monthly should be reported on form FS 71-1.
4. If you are only changing the index-subject originally used in reporting the time and attendance, you must complete and submit a Financial Management Monthly Reconciliation Report (FS-162) and send it to the Office of Finance, School Administration Center.

TIME AND ATTENDANCE WAS REPORTED THROUGH THE COMPUTER AS:

Date MM/DD/YY	Hours	Attendance Code	Shift

TIME AND ATTENDANCE SHOULD HAVE BEEN REPORTED AS:

Date MM/DD/YY	Hours	Attendance Code	Shift	Index-Subject (hourly position only)

School Name	School Contact	School Phone Number
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Date	Program Manager or Administrative Designee Signature	Title
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For Payroll Use Only: Input By	Date	Pay Period Number	Checked By	Date
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