Fairfax County	TIME AND ATTENDANCE CORRECTIONS AND OMISSIONS MEMORANDUM							
Date		Employee Name (Please Print-First, MI, Last)			Pay Period Number		Employee Number	
					BW			
INSTRUCTIONS	S: 1. 7	Γhis form is used for <u>all</u> emp	oloyee T&A Corrections	and Omissions.				
	2. /	A signed, original Time and	Leave Report (FS 73-82)	, for the time period				and sent to the
		Office of Payroll Manageme			_	_		ociia :4.4
	C	f an incorrect index-subob correct codes and attach the he Financial Services FMI	e appropriate backup do	cumentation. Indica				
TIME AND AT	TENDA	NCE WAS REPORTED A	AS:					
Date MM/DD/YY		Hours	Time Code	Position (hourly positions only)		Index	Subobject	
TIME AND AT	FENDA	NCE SHOULD HAVE BE	EEN REPORTED AS:		•			
Date MM/DD/YY		Hours	Time Code	Position (hourly positions only)		Index	ndex Subobjec	
Reason for Corr	rection				,			

TAP

Print Name

Phone Number

Title

FS 73-63 (11/19) Distribution: Original - Payroll Services

Principal/Director or Administrative Designee Signature

Work Location Name

Date