

TIME SHEET CORRECTION FORM

PURPOSE

This form is used to correct any misinformation previously entered into the payroll system for any employee.

- It provides corrections to time recording for week one of the current pay period for all categories of time and leave reported on the TIME AND ATTENDANCE SHEET FOR HOURLY EMPLOYEES.
- It provides corrections to previous pay periods for hourly and salaried employees, including family/medical leave recording.
- It provides appropriate certifications for sponsored programs accounting.
- It pays employee for holiday not taken during current pay period.
- It corrects month to date and year-to-date accumulations in the system for specific types of hours worked and pay received for accounting and tax purposes.

IMPORTANT POINTS

- Corrections to Week One of the current pay period must be sent with the Week Two Time and Attendance Sheets.

TO COMPLETE THE TIME SHEET CORRECTION FORM

SECTION I -- DEPARTMENT INFORMATION

Enter

- Department number
- Department name

SECTION II -- CORRECTIONS TO WEEK ONE TIME SHEETS FOR HOURLY EMPLOYEES FOR THE CURRENT PAY PERIOD

Enter

- Ending date of Week One of the current pay period
- Employee's name (last name first)
- Georgetown ID number (GUID)

TIME SHEET CORRECTION FORM

- All information “as reported” and as it “should be” for each hourly employee for whom incorrect information was submitted:
- On the "Reported As" line, enter the information exactly as it was submitted on the Week One time sheet. **ALL information must be entered, regardless of whether the content in the box has changed or not.**
- On the "Should Be" line, enter the information as it should have been reported for Week One.

SECTION III -- FAMILY/MEDICAL LEAVE

Enter information assigning time away from work related to Family/Medical Leave to the appropriate column(s). The same hours should be recorded under as many categories of FMLA as are applicable.

SECTION IV -- WEEK ONE OVERRIDE

Enter all information “Reported As” and as it “Should Be” for each hourly employee for whom incorrect information was submitted:

- Employee's name (last name first)
- Georgetown ID Number (GUID)
- "Reported As:" Enter ALL the information exactly as it was submitted on Week One time sheet. **ALL information must be entered, regardless of whether that box is changing or not.**
- "Should Be:" Enter the information as it should have been reported for Week One.

SECTION V -- CORRECTIONS TO PREVIOUS PAY PERIODS FOR HOURLY AND SALARIED EMPLOYEES AND PAYMENT FOR HOLIDAY NOT TAKEN IN THE CURRENT PAY PERIOD

This Section is used:

- To correct hours reported for any week in any previous pay period.
- To adjust leave balances for salaried employees.

TIME SHEET CORRECTION FORM

- To pay employee for holiday hours not taken.

Enter

- Name of employee (last name first) whose leave hours and/or pay are to be adjusted.
- Employee's Georgetown ID Number.
- Only the information which is to be changed:

Cat: Indicate the correct type of hours. Each different type of hour used should be recorded on a separate line with the appropriate category indicated.
(For hourly-paid employees only)

Category:	Section V of Time Sheet Correction
	D = Weekday Day (Compassion, Jury Duty, Administrative Leave) N = Weekday Night, differential only B = Weekend Day, differential only L = Weekend Night, differential only H = Holiday Taken J = Holiday Worked K = Scheduled Leave T = Unscheduled Leave S = Sick M = Meal Allowance C = Call Pay V = Vacation P = Percent O = Overtime

Hours: Indicate correct number of hours being added or subtracted.

Rate: Rate of pay, if different from regular rate. When paying overtime at a different rate of pay, enter the hourly rate and the system will calculate the overtime rate of pay.

Cost Center: Cost Center number to charge if different from normal distribution. [This includes the 2-letter fund designation code and the 7-digit cost center number; e.g., GS4000-000.]

Function Codes

A Instruction & Department Research	B Affiliated Hospital Programs
D Cost Sharing Project	E Organized Research Training, other sponsored projects title (RX allocations only)
F Federal Work Study	G Hospital – Supervision Georgetown Resident (HX allocations only)
H Hospital Administration (HX allocations only) (HX allocations only)	J Hospital – Department Manager
K Other Institutional Activities	L Currently Exempt Department
M Hospital - Coverage (HX allocations only)	S Sabbatical Leave
W Departmental Administration	Y Sponsored Programs Administration (RX Allocations only)

Dock Pay:

For hourly employees: If pay is to be adjusted you would write “H”

For salaried employees: To adjust hours recorded incorrectly, write “S” Adjustments of hours for salaried employees always require a 2-line entry -- the first to dock (unpaid) the incorrectly recorded hours; the second to charge those hours to the appropriate category. If making adjustment to a monthly salaried employee, you must include an hourly rate of pay.

The calculation for the hourly rate is:

$$\text{Monthly salary} / 21.67 = \text{daily rate}$$

$$\text{Daily salary} / 8 = \text{hourly rate}$$

Family Leave:

Fill in Section V assigning time away from work related to Family/Medical Leave to the appropriate column(s). Hours may be recorded in more than one column.

Week Ending:

Date to which these changes correspond. If the changes you are making for an employee require changes to more than one week, please enter each week's changes on a separate line.

TIME SHEET CORRECTION FORM

Paying for Holiday Hours not Taken

Employees who work the holiday are also eligible to have payment for the holiday taken hours included with the current check in lieu of time off. You must process a TIME SHEET CORRECTION form to a previous pay period for the eight hours of "Holiday Taken" due. If these hours WERE put on this week's time sheet, it would generate overtime pay.

EMPLOYEE NAME (L,F,M)	GUID	CAT	HOURS	RATE	COST CENTER	FUNC	DOC K PAY
Doe, Jayne	00000000	H	8		GX000000	L	

SECTION VI -- COMMENTS

Provide a brief explanation for the requested action(s).

SECTION VII -- APPROVAL SIGNATURES

Authorized Signature
Telephone
Date