

Instructions: This form should be completed, signed by the employee's supervisor and mailed or faxed to the Payroll Office indicated in the address below:
(Note: A separate form should be completed for each pay period being corrected)

UNIVERSITY OF MIAMI
PAYROLL OFFICE
P.O. BOX 248106
CORAL GABLES, FL 33124-2976
PHONE: (305) 284-3664
Fax: (305)-284-5395

UNIVERSITY OF MIAMI – HOSPITAL EMPLOYEES
Revised Time Document

EMPLOYEE'S NAME: _____ **UM ID Number:** _____

PAY PERIOD DATES: _____ **PAY PERIOD ID:** _____

ABOVE EMPLOYEE SHOULD BE PAID THE FOLLOWING HOURS FOR PAY PERIOD: _____

Straight Time Hours	Overtime Hours	Holiday Hours	Vacation Hours	Sick Hours	ADMIN Hours	Floating Holiday Hours	OTHER	Earning Code

This form should be faxed to Payroll (305-284-5395). Corrections indicated will be processed on the next possible payroll run.

Employee Signature: _____ **Date:** _____ / _____ / _____

Supervisor Name: _____ **Phone:** _____ - _____ - _____

Supervisor Signature: _____ **Date:** _____ / _____ / _____