

**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 - Payroll Office  
 Revised Timesheet**

Adjustments will be processed on the next scheduled payroll.

**EMPLOYEE'S NAME:** \_\_\_\_\_ **UM ID Number:** \_\_\_\_\_

**PAY PERIOD DATES:** \_\_\_\_\_ **PAY PERIOD ID:** \_\_\_\_\_

**THIS SHEET SHOULD INDICATE THE TOTAL HOURS AS THEY SHOULD HAVE BEEN PAID FOR THE ENTIRE PAY PERIOD BEING CORRECTED**

DAYS	EARNING TYPE										
	Reg. Biweekly	Overtime	Sched. Hol.	Float Hol.	Vacation	Sick	Adm. Leave	On Call	Comp. Time	Other	Other
FRI											
SAT											
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
MON											
TUE											
WED											
THU											
<b>TOTAL:</b>											
			150	191	170	700	770	445	\$		
								449	\$		

**I certify that the correction(s) submitted are true and correct.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_