Instructions: This form should be completed, signed by the employee's supervisor. Corrections indicated will be processed on the next possible payroll run. This form should indicate the total number of hours the employee should have been paid for the entire pay period being corrected. For a sample form visit www.miami.edu/payroll and click on **Forms**. (**Note:** A separate form should be completed for each pay period being corrected)

Fax form to: 305-284-5395

UNIVERSITY OF MIAMI – NURSING EMPLOYEES
Revised Time Document

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

PAY PERIOD DATES TO BE CORRECTED: _____ **PAY PERIOD ID TO BE CORRECTED:** _____

DEPARTMENT NUMBER: _____ **DEPARTMENT NAME:** _____

NOTE: Shift differential pay should be reported as TOTAL DOLLARS only and must have corresponding shift differential Earnings Code.

Earning Code Number	Earning Code Description	Number of Hours	Total Dollars
009	**Biweekly Reg**		
350	**Overtime**		
150	**Holiday**		
700	**Sick**		
170	**Vacation**		
191	**Floating Holiday**		
770	**ADMIN Leave**		

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

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

Supervisor Signature: _____ **Date:** ____/____/____
(REQUIRED)

UNIVERSITY OF MIAMI
PAYROLL OFFICE
PHONE: (305) 284-3664