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|  **New Logo.JPG** |  |

 **Payroll Correction Request**

*(if you are not completing this form electronically,* ***please*** *make sure it is legible)*

|  |  |  |
| --- | --- | --- |
| [ ]  Carson Tahoe Regional Healthcare [ ]  Carson Tahoe Continuing Care | [ ]  Carson Tahoe Physician Clinics[ ]  Carson Tahoe Cardiology  | [ ]  Physician Hospital Organization[ ]  Carson Tahoe Health System |

**All information below is REQUIRED**

|  |  |
| --- | --- |
| **Employee ID # 110004558** |  |
| **Employee Name:** | Sean Shrock |
| **Home Dept # & Name** | ED |

**Corrections Needed:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Entity** | **Dept #** | **Job #** | **Pay Type (**R, OT, NP, etc**)** | **Start Time** |  | **End Time** |  | **Cancel Meal (Y or N)** | **Total Shift Hours** |
| 8/22 | 02 | 7231 | 457C | NP | 0800 |  | 1330 |  |  | 5.5 |
| 8/23 | 02 | 7231 | 457C | NP | 0800 |  | 1200 |  |  | 4 |
| 8/25 | 02 | 7231 | 457C | Education | 0800 |  | 1300 |  |  | 5 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |   |   |   |   |   |  |   |  |

**Brief explanation for correction:**

Orientation for HR and epic training the employee forgot to put in MTA book

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***\*Request must be received in Payroll FROM the Manager/Director (not the employee)***

Manager Name (Print/type) \_\_\_\_\_\_\_\_\_\_\_\_\_Kyle Sharp\_\_\_\_\_\_\_\_\_\_\_

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_