

## **Payroll Correction Request**

(if you are not completing this form electronically, <u>please</u> make sure it is legible)

Carson Tahoe Regional Healthcare Carson Tahoe Physician Clinics Physician Hospital Organization Carson Tahoe Continuing Care Carson Tahoe Cardiology Carson Tahoe Health System											
All information below is REQUIRED											
Employee ID # 1 000 4643  Employee Name: 1000 4643  Home Dept # & Name 100 - 6012											
Corrections Needed:											
Date	Entity	Dept#	Job#	Pay Type (R, OT, NP, etc)	Start Time	End Time	Cancel Meal (Y or N)	Total Shift Hours			
F1/01	02	6012	4570	Training	0900	1130	, , ,	3.5			
FILOI	02	6012	4570	Training	1230	1330		1			
0118	02	6012	4570	Education	0800	1640		8			
021	02	6012	4576	Education	0600	0900		1			
10119	02	6012	4570	Education	0800	1100		3			
Brief explanation for correction: New Hive Frammy Jeducoffon.											
*Request must be received in Payroll <u>FROM</u> the Manager/Director (not the employee)											
Manager Name (Print/type) Cindy Guerrero											
Manager Signature Date											

## Hours Summary & Pay Preview

Employee:

TERICA HAER (110004643)

Pay Period Ending:

10/29/2022



Pay Period Ei	10/29/2022											
Date	Pay Code	Shift	Dept	dot	Reg Hours	Prem Hours	Benefit Hours		Units	Other Amount	Date	Y
10/28/2022	Preceptee	01	6012	457C	12.00	0.00	0.00	0.00	0	\$0.00	Pay Code	<b>✓</b>
Total					12.00	0.00	0.00	0.00	0	\$0.00	Shift	<b>✓</b>
											Entity	
											Dept	V
											Job	✓
											Refresh	
											Show All	