



CARSON TAHOE
— HEALTH —

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 # 110004764 _____

Employee Name: Amanda Landrum

Home Dept # & Name Minden Emergent Care 02-(30)-7241

Corrections Needed:

Date	Entity	Dept #	Job #	Pay Type (R, OT, NP, etc)	Start Time	End Time	Cancel Meal (Y or N)	Total Shift Hours
4/17/2023	02 (30)	7241	457C	NonProductive	1515	1730	y	2.25

Brief explanation for correction:

Was not placed on her timecard for her epic training.

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

Manager Name (Print/type) Jennifer Brown _____

Manager Signature Jennifer Brown Date 05/08/2023