

University of Massachusetts Amherst

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Time & Attendance Correction Form

For Exception Reporting Employees

EmpID:	Ro

Employee Name	(Last, First)								
Department Name				Dept ID					
	Funding chan	ige of non-base l	nours						
	Base Comb	o code <u>A</u>							
Please replace th	e time and attendanc	e data for the above	named emplo	yee for the	week ending		<u> </u>		
If submitting	a correction to	previously repo	orted time,	please ii	ndicate all	(MM/DD/Y		hat day.	
*Combo Co	de is required fo	or any non-base	hours (ex	. Overtin	ne. Holida	v Pav. etc)		
4							, 	<u> </u>	Γ
Combo Cod	e Time Reporting Code	Shift ID**	*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat
	TOTA	ALS							
(optional)									
CET 4 C	Shift		and Chiff 4			* R		minutes in de licate if othe	
SFT 1 – S SFT 2 – S SFT 3 – S	nift 2 V	VKNDSFT1 – Weeke VKNDSFT2 – Weeke VKNDSFT3 – Weeke	end Shift 2						
0113-0	iiit 0 v	VICIODOL 13 – Weeke	and Onnt 3						
If hours are 3	0 days or more i	in arrears, for a	uditing pu	rposes p	lease prov	vide justifi	cation be	low	
Authorized by									
Authorized by									
De	partment Head Sigr	nature (E-sign or w	et signature)		Da	te			
	PI Signature (E-sign or wet signature)				Da	te			
Form					54				
ed By	EMail				Tel# Date			Date	

Submit completed form to **timeandlabor@umass.edu** Payroll Office, 325 Whitmore Administration Building