UNC PEMBROKE PAYROLL FORM CORRECTION OF HOURS OR PAY-RATE BI-WEEKLY CORRECTION FORM

Name				Position Number/Dept.		
Reported Hours:				Corrected Hours:		
Regular hours:	Rate	e of pay:		Regular hours:	Rate of pay:	Date:
Regular hours:	Rate	e of pay:	_Date:	Regular hours:	Rate of pay:	Date:
Regular hours:	Rate	e of pay:		Regular hours:	Rate of pay:	Date:
Regular hours:	Rate	e of pay:		Regular hours:	Rate of pay:	Date:
Regular hours:	Rate	e of pay:	_Date:	Regular hours:	Rate of pay:	Date:
Student/Temp Assistant's Signature Student/Temp Assistant's Banner ID					Date	
Supervisor's Signature					Date	
Supervisor's Name (Print or Type)						
This form is t			_	nesheet has already been a st or next available bi-wee		upervisor via Braveweb Self
			For Payroll	Use Only		
Payroll Office Received Date				Payroll Employee Name (Print and Signature)		

Rev: 09.13.24