

College of Southern Nevada
Payroll Correction

MEMORANDUM

_____ Date

TO: Controller's Office, Payroll Section

Please add/deduct _____ days and/or _____ hours from the payroll for the pay period ending _____ for

Name: _____ Job Class: _____

Employee ID# _____ Position Number: _____

Dates: _____ Hours: _____

Explanation: _____

Account #1: _____ Account #2: _____

Signature of Employee (if available)

Supervisor/Leave Keeper

INSTRUCTIONS: This form is to be submitted when an employee is absent from work and does not have sufficient annual or sick leave to cover the absence. In order that the payroll correction may be made on time, this form must be completed and submitted on or before the normal payroll cut-off date. **A separate correction form must be completed for each pay period affected.**

Original – Payroll
Copy - Employee