Kronos Timecard Correction Form

For AWH, AMG, and AI employees, please send to Timekeeping-AWH.ACI.AI@aspirus.org

For Post Acute Care employees, please send to PostAcuteCareDailies@aspirus.org

For ARH employees, please send to Timekeeping-ARH@aspirus.org

For ALH employees, please send to ALH-Timekeeping@aspirus.org

For employees at all other Business Units, please reach out to your local HR department directly.

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# Employee Information

|  |  |
| --- | --- |
| Name: | Employee ID Number: |
| Supervisor’s Name: | Aspirus Entity: |

# Incorrect Time (as it currently appears in your timecard)

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | Pay Code | Amount | **In** | **Position / Work Rule Transfer** | **Out** | **Cancel Meal Break Y/N** |
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# Correct Time (how it should appear in your timecard)

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | Pay Code | Amount | **In** | **Position / Work Rule Transfer** | **Out** | **Cancel Meal Break Y/N** |
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**Reason/Notes for Correction:**

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| **Employee Approval:**I certify the information provided above is a true and accurate representation of missing information from my timecard. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*Please note – Continued reliance of correction forms for missing / incorrect timecards may result in disciplinary actions.\**** |
| **Timekeeper/Supervisor Approval:**I certify the information provided by my employee is a true and accurate representation of missing information from their timecard. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature from authorized personel is required for processing of correction form.** |

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| **Department Timekeeper Use Only****If timecard correction provided is for the current pay period, make the corrections to the employee’s timecard as requested by the supervisor. Sign-off that the correction has been entered. Keep correction forms on department for record keeping.****If timecard correction provided is for a previous pay period, forward a copy of the correction form to your HR Business Partner Team.****Entered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Human Resources Use Only****Correction to be paid with pay period ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |