Kronos Timecard Correction Form



For AWH, AMG, and AI employees, please send to [Timekeeping-AWH.ACI.AI@aspirus.org](mailto:Timekeeping-AWH.ACI.AI@aspirus.org)

For Post Acute Care employees, please send to [PostAcuteCareDailies@aspirus.org](mailto:PostAcuteCareDailies@aspirus.org)

For ARH employees, please send to [Timekeeping-ARH@aspirus.org](mailto:Timekeeping-ARH@aspirus.org)

For ALH employees, please send to [ALH-Timekeeping@aspirus.org](mailto: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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |