

Semimonthly Correction Form

This form is to be used for Semimonthly payroll only. Use this form to make changes if Payroll has closed the current semimonthly payroll cycle for processing.

Department Name/ORG ID: _____

Pay Period: _____

Employee Name	Department (Cost Center)	ID Number	Sick	Vacation	Holiday	COVID	Specific Instructions

Do NOT pay for the entire period listed above

or

Employee worked partial pay period and should be paid for _____ hours. Questions should be directed to Payroll and Disbursements at (269) 387-2935.

Credit _____ hours to sick leave balance

Credit _____ hours to annual leave balance

Credit _____ hours to COVID leave balance

Authorizing Signature: _____ **Phone:** _____

Date: _____