



**WESTERN MICHIGAN
UNIVERSITY**

PAYROLL DEPARTMENT
1270 SEIBERT ADMINISTRATION BUILDING
MAIL STOP 5250
PHONE: (269) 387-2935 FAX: (269) 387-2937

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 #: SM _____

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

Do NOT pay for the entire period listed above

or

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

Credit _____ hours to annual leave balance

Credit _____ hours to sick leave balance

Authorizing Signature: _____ Phone: _____ Date: _____