



# KRONOS CORRECTION FORM

PAYROLL DEPARTMENT  
 4000 SEIBERT ADMIN BUILDING  
 MAIL STOP 5250  
 PHONE 7-2935 FAX 7-2937  
 EMAIL TO: PAYROLL-DEPT@WMICH.EDU  
**(form must include authorizing signature)**

If referencing a temporary appointment form, please enter the form number in the Specific Instruction field.

1. To credit Sick or Vacation hours use a Negative Sign (-) before the number of hours.
2. Form must be signed, dated with a contact phone number or it will be returned (call Payroll for ID Numbers).
3. Fax, email, or hand carry completed forms to the Payroll Department.

Department Name/Org ID: \_\_\_\_\_ BW Pay Period #: \_\_\_\_\_

Employee Name	Department (cost center)	Employee ID #	Reg Hrs	Retro Hrs	OT Hrs	Sick Hrs	Vac Hrs	Specific Instructions
								Add to existing KR <span style="float: right;">Replace existing KR</span>
								Add to existing KR <span style="float: right;">Replace existing KR</span>

TA Form #

TA Form #

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**RESET**

**PRINT**

**\*Form due by 5pm, Tuesday of payroll processing week**