

Payroll Correction Form



FIRST NAME	LAST NAME	EMPLOYEE NUMBER
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EMPLOYEE TYPE

- CONTRACT
 REGULAR
 PART-TIME
 TEMPORARY
 SEASONAL

DISTRIBUTION

Direct Deposits are distributed on Fridays

DEPARTMENT

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Custodial Maintenance | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Security |
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Health Clinic | <input type="checkbox"/> Self-Governance |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> Health Services | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Auto Maintenance | <input type="checkbox"/> Elders Protection | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> bədaʔchəlh | <input type="checkbox"/> Employment | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Board Administration | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Housing | <input type="checkbox"/> TELA |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Facilities & Engineering | <input type="checkbox"/> Human Resources | <input type="checkbox"/> TERO |
| <input type="checkbox"/> CDACD | <input type="checkbox"/> Family Advocacy | <input type="checkbox"/> Legacy of Healing | <input type="checkbox"/> Tribal Court |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Family Haven | <input type="checkbox"/> Legal | <input type="checkbox"/> Tribal Police |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Planning | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> GM Administration | <input type="checkbox"/> Retirement Home | <input type="checkbox"/> Youth Services |

SUPPORTING DOCUMENTATION REQUIRED FOR ADJUSTMENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Original Time Sheet | <input type="checkbox"/> Revised Time Sheet | <input type="checkbox"/> Original Pay Stub |
| <input type="checkbox"/> Original Leave Slips | <input type="checkbox"/> Revised Leave Slips | |

CORRECTION REASON (PLEASE CHECK ONE)

- | | | |
|---|---|---|
| <input type="checkbox"/> Late Time Sheet | <input type="checkbox"/> Missing Benefit Requests | <input type="checkbox"/> Wrong Leave Time Reported |
| <input type="checkbox"/> Revised Time Sheet | <input type="checkbox"/> Time Not Approved Before Cut-Off | <input type="checkbox"/> Lost Check |
| <input type="checkbox"/> Submission Dates Incorrect | <input type="checkbox"/> Check Reversal | <input type="checkbox"/> Reported Hours Incorrectly |
| <input type="checkbox"/> Leave Time Over-Reported | <input type="checkbox"/> Wrong Pay Rate | |

COMMENTS

EMPLOYEE SIGNATURE	PHONE
SUPERVISOR SIGNATURE	DATE SUBMITTED

**Fax form to 360-716-0231 or
email form to payroll@tulaliptribes-nsn.gov**

- Corrected
 Record Only
 Tracking