

Request for Historic Edit Form

Kronos Administrator: _____

Date of Request: _____ **Pay Period Ending** _____

Employee Name: _____ **Empl ID** _____

Type of Correction:

PTO SICK VAC HOURS OTHER _____

Type of Entry Made

Type of Correction Needed

<u>Type of Entry Made</u>	<u>Type of Correction Needed</u>

** include beginning and end dates**

Explanation:

Has Employee been over/underpaid? NO YES Amt \$ _____

Kronos Administrator Signature: _____

Employee Signature: _____

Employee's Supervisor Signature: _____