**RCUH REQUEST FOR TIMESHEET CORRECTION FORM**

**Instructions**: Copy and paste this to your project letterhead. Complete all boxes (numbers 1-11) and attach the documents requested in section f-g. Email your request to RCUH Human Resources Department, Payroll Section at **rcuh\_payroll@rcuh.com**. In order to be processed in the next pay period, your request must be APPROVED by RCUH HR by the ePAF deadline. Please allow 3 business days for RCUH review and approval. RCUH HR Payroll Section will contact you if additional clarification or information is needed.

**DATE:**  1

**TO: Nelson Sakamoto, Director of Human Resources**

**FROM:** 2  2a Name of Principal Investigator Signature of Principal Investigator

**Project Number:** 3
**Contact person:** 4

 *(Name, email and contact number)*

**THROUGH: Primary Timesheet Approver:** 5
**Secondary Timesheet Approver:** 6

**SUBJECT: Request for RCUH Timesheet Correction**

1. Name of Employee’s timesheet to be corrected: 7
2. Pay Period(s): 8
3. Why the correction is needed: Employee was (check as appropriate):
* Late Timesheet 9a
* Overpaid/Underpaid 9b
* Hours charged incorrectly – no change to pay 9c
* Others: 9d

The correction is needed because: 9e

1. Explanation of what happened and why the correction is needed:

 10.

1. Corrective Action taken by project to ensure this will not happen in the future:

 11.

Both Employee and Supervisor have reviewed the respective RCUH eTimesheet User Guides and all relevant Policies

Attachments (please label documents clearly):

1. PROCESSED Timesheet: What **was processed** that needs correcting (Attach original Timesheet or eTimesheet printout)
2. CORRECTED Timesheet: What **should have been processed** (Attach revise Timesheet or eTimesheet print out. Employee and supervisor must sign and date each correction.)

**For RCUH Use Only**: □APPROVED □DISAPPROVED

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Signature, Director of Human Resources Date

Correction to be processed in Pay Period Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_