



KRONOS HISTORICAL CORRECTION FORM

SUNY Upstate Medical University
Payroll Services
Jacobsen Hall, Room 100
Phone: 315-464-4840
Fax: 315-464-6337
www.upstate.edu/payroll

The purpose of this form is to request a correction to a previously approved and signed off time record in the Kronos system. All pay related changes will be processed for the next available paycheck. If there is a more urgent need, please call the Payroll Services Office at 464-4840 (State) or 464-6350 (Research Foundation).

SECTION I: CORRECTION TO BE MADE

Emp ID#:

Employee Name:

Department #:

Home
Department:

Date of Occurrence
(Historical Date) :

Type of Time/Pay Due to
Employee (Pay Code):

Amount Due in
Hours(HH.hh):

Reason for Correction/
Additional Comments:

If Applicable:

Transfer to
Dept #:

Transfer Dept
Name:

SECTION II: EMPLOYEE SIGNATURE

Employee- By signing below, I agree to have Payroll adjust my time/paycheck for the above requested change to a previously approved and signed off time record.

Employee
Signature:

Date

SECTION III: SUPERVISOR/MANAGER SIGNATURE

Supervisor/Manager - By signing below, I approve the above change to the listed employee's time record and agree to have Payroll adjust the employee's time/paycheck for this adjustment to a previously approved and signed off time record.

Supervisor ID#:

Supervisor Name
(please print:

Supervisor
Signature:

Date

FOR PAYROLL SERVICES USE ONLY:

Initials of Processor:

Date Processed:

Please complete, sign and return to:
Payroll Services
Jacobsen Hall, Room 100.