**TIMESHEET/BILLING CORRECTION FORM**

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| --- | --- |
| Timesheet Correction Form | Billing Correction Form |
| Employee Name | Program: |
| Weekly timesheet – Week of: | Monthly timesheet – Week of: |
| **TIMESHEET CHANGES** | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date** |  |  |  |  |  | | **Time on Timesheet** |  |  |  |  |  | | **Corrected Time** |  |  |  |  |  | | **Customer** |  |  |  |  |  | | **Program** |  |  |  |  |  | | **Staff Hours Decreased (if applicable)** |  |  |  |  |  | | **Staff Hours Increased (if applicable)** |  |  |  |  |  | | **Affect Customer Billing? Yes or No** |  |  |  |  |  | | **Customer hours decreased/increased (if applicable)** |  |  |  |  |  | | **Change Made on Billing (if applicable)** |  |  |  |  |  | | |
| I have reviewed the above correction in regards to my timesheet by my supervisors. I agree and approve the corrections that were made to my timesheet.  Employee Signature Date of Signature  Supervisor Signature Date of Signature | |

Complete all squares of information that pertain to the change/changes made to the timesheet and or billing sheet.

Documentation changes may include up to one week of information.

Signature is needed for timesheet changes only.

Billing changes are intended for the end of the month payroll processing.