



MOUNTAINLAND
TECHNICAL COLLEGE

Payroll Correction Form

Employee Name: _____ Department: _____

Month: _____ Circle the Pay Period: 1 – 15 (or) 16 – End of the Month

Position: _____ Location: _____

Describe the error (include specific dates, punch times, and number of hours): _____

Supervisor comments: _____

By signing this document, I certify that the above information is true.

Employee

Date

Supervisor

Date received by the Payroll Department: _____

Date of paycheck that the correction was paid: _____

Comments: _____

Payroll Signature

Date