WESTERN MICHIGAN UNIVERSITY

WFM CORRECTION FORM

1. To credit Sick or Vacation hours use a Negative Sign (-) before the number of hours.
2. Form must be signed, dated with a contact phone number or it will be returned (call Payroll for ID Numbers).
3. Email, or hand carry completed forms to the Payroll Department.

> If referencing a temporary appointment form, please enter the form number in the Specific Instruction field.

Department Name/Org ID: _____   BW Pay Period #: _____

Employee Name	Department (cost center)	Employee ID #	Reg Hrs	Retro Hrs	OT Hrs	Sick Hrs	Vac Hrs	Specific Instructions
								Add to existing WFM Replace existing WFM TA Form #
								Add to existing WFM Replace existing WFM TA Form #

Authorizing Signature: _____   Date: _____

Phone: _____   [RESET]   [PRINT]

*Form due by 5pm, Tuesday of payroll processing week