



# MOTLOW STATE COMMUNITY COLLEGE

## Web Leave Entry Correction Form

**This form must be submitted to the HR Office to make manual corrections to a previous leave reporting period. This form must be submitted immediately upon discovering time has not been reported or needs correcting.**

Employee Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Reporting Period \_\_\_\_\_ through \_\_\_\_\_ Department \_\_\_\_\_

I certify the hours below were worked and not submitted with a prior time reporting period or were submitted incorrectly through a prior time reporting period.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete Item 1 OR Item 2 and Item 3 below.**

**(1) Leave not previously reported:**

Month	Day	Position Number	Leave Not Reported (Ex. 7.5 Hours)	Comments/reason for not submitting with reporting cycle.

**(2) Leave as previously reported that requires correction (must complete part (3) also):**

Month	Day	Position Number	Leave Reported (Ex. 7.5 Hours)	Comments

**(3) Leave as it should be reported (must complete part (2) also):**

Month	Day	Position Number	Leave Taken (Ex. 7.5 Hours)	Comments

**Supervisor/Department Head - Certification/Approval:**

I certify the hours above or correction to previously submitted hours were worked and were not submitted correctly during the proper reporting period.

Approving Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

President, VP or Designee Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_