

AUTHORIZED CORRECTION REQUEST FORM- F3.6B

NAME: _____

DATE: _____

EMPLOYEE ID #: _____

DEPT: _____

DEPT PHONE #: _____

.....
MONTH: ____ YEAR: ____

BALANCE AS REFLECTED ON THE ORIGINAL FORM:

VACATION: _____ SICK: _____ FLSA: _____ STATE COMP: _____

REQUESTED CORRECTION:

.....
I HEREBY AUTHORIZE EXECUTION OF THE ABOVE STATED CORRECTION.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.