DHMH TIMEKEEPING CHANGE FORM

TO: Central Timekeeping **DATE SUBMITTED:** _____

FROM: _____ **AGENCY CODE:** 32. _____ **T/K SORT:** _____

RE: _____ _____ _____ _____

EMPLOYEE'S NAME **EIN #** **PAY PERIOD** **PAY PERIOD DATES**

Timesheet Now Reads: (Fill in ONLY the date(s) needing correction.)

DATE	TIME IN	TIME OUT	SHIFT	ON DUTY			ABSENT				DAILY TOTAL	REMARKS
				REGULAR TIME	OVER-TIME	COMP-TIME	(1)		(2)			
							TYPE	HOURS	TYPE	HOURS		

Timesheet Should Be Corrected To Read:

DATE	TIME IN	TIME OUT	SHIFT	ON DUTY			ABSENT				DAILY TOTAL	REMARKS
				REGULAR TIME	OVER-TIME	COMP-TIME	(1)		(2)			
							TYPE	HOURS	TYPE	HOURS		

Reason for Change:

_____

Signature of Authorized Supervisor

DHMH 2454
Rev. 12/12