

Sequatchie Valley Head Start Payroll Correction Form

This form is to be used to make generally one time changes/corrections to individual employee pay rates. The form is to be signed by the HS Director/COO and Fiscal Manager or HR Specialist. The employee's signature is not required; however a copy of the form will be included with the direct deposit slip to which the change/correction applies.

Employee Name: _____
Employee Signature: _____
(optional)
Title/Position: _____
Workstation: _____

Pay period (month/year) to which correction/change applies: _____

Description of change/correction

- Payroll Deduction
Detail: _____

- Payroll Addition
Detail: _____

- Change to Pay Rate
Detail: _____

- Change in Withholding
Detail: _____

- Other
Detail: _____

Minimum of two signatures required:

Head Start Director / Chief Operating Officer

Finance Manager

Human Resources Specialist

Distribution: Fiscal Department
Payroll File
Employee (include with mailed direct deposit slip)