



TULANE UNIVERSITY - KRONOS Time Correction Form

EMPLOYEE NAME _____

PERIOD BEGIN DATE _____

ORGANIZATION NAME _____

TUID NUMBER _____

PERIOD END DATE _____

ORGANIZATION NUMBER _____

Date of Missed Transaction	Type of Correction Add/Delete/Change	Clock Code Added/Deleted/Changed	Reason for Manual Timecard Entry
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____
MM/DD/YY	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Meal Out <input type="checkbox"/> Meal In <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises	<input type="checkbox"/> Forgot to Clock In/Out at _____ <input type="checkbox"/> Forgot to Clock In/Out For Meal at _____ <input type="checkbox"/> Forgot to Clock In/Out when Leave/Return to Premises at _____

Employee Signature _____

Date: _____

Supervisor Signature _____

Date _____

Use this form to make adjustments when clocking in or out was missed or done incorrectly. Employee completes and signs the form and submits it to supervisor. Supervisor signs and provides a copy for the employee. Supervisor gives completed form to the employee's timekeeper who makes the adjustments in KRONOS for correction to the employee's time record.

This form must be kept in the employee's departmental record for a period of four full fiscal years.

By signing this form you are acknowledging that the information you provided is accurate. Falsifying time is considered fraud and may make you subject for disciplinary action up to and including termination of employment.

For further information, refer to the Tulane Staff Handbook.