

Historical Edit Request Form Instructions

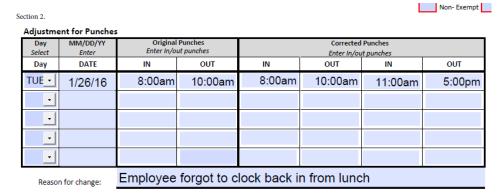
Section 1.

Fill out all employee information necessary to process request: NSU ID, Employee name, Employee Type, Activity Code, and Job Name/#.

Section 2.

This section is used by hourly employees who need to make corrections to their punches on a signed off period.

- "Original Punches" should reflect the punches the employee was paid for.
- "Corrected Punches" should reflect what the punches need to be corrected to. Please enter all in and out punches for that date.

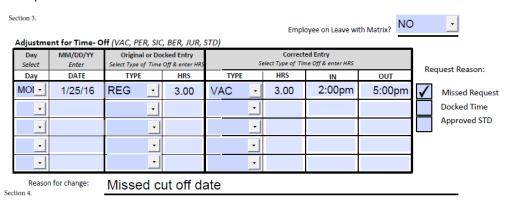


Section 3.

Adjustment for Time- Off is used by all benefit applicable employees, hourly and salary. This section has an "Original or Docked Entry" and a "Corrected Entry".

- "Original Or Docked Entry" should reflect the original entry
- "Corrected Entry" should reflect the type of time off request the employee is requesting for a signed off pay period.

Example.



Section 4.

Both employee and supervisor/coordinator signatures are required for approval. Send completed form to payroll@nova.edu.

Section 5.

This section is for Payroll use only.



Historical Edit Request Form Email completed form to payroll@nova.edu Pay # Pay Period Begin _____ Section 1. Pay Period End _____ N Employee NSU ID # Employee Last Name, First Name **Employee Type:** Temp Exempt Department Name **Activity Code** Job Name/# Non- Exempt Student Section 2. **Adjustment for Punches Original Punches** MM/DD/YY **Corrected Punches** Day Enter In/out punches Select Enter Enter In/out punches OUT DATE IN OUT IN OUT Day IN Reason for change: Section 3. Employee on Leave with Matrix? **Adjustment for Time- Off** (VAC, PER, SIC, BER, JUR, STD) MM/DD/YY **Corrected Entry Original or Docked Entry** Day Select Type of Time Off & enter HRS Select Type of Time Off & enter HRS Select Enter Request Reason: HRS DATE **TYPE** HRS **TYPE** OUT Day Missed Approval Missed Request **Docked Time** Approved STD Reason for change: Section 4. Note: Changes, including monetary or other, will be included on the next pay cycle after the form is submitted. The deadline to submit the form to be included in the next cycle will be by Thursday, 3:00 pm after the pay date effected. Print Name Date Phone # **Employee Signature** Print Name Phone # Supervisor/ Coordinator Signature Section 5. **Payroll Only:** Historical Edit

Historical Edit Log **Banner Correction** Entered by: _____

Historical Edit w/Pay