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.