

# TIMESHEET CORRECTIONS

USE WHEN PAYPERIOD HAS BEEN CLOSED

REQUEST DATE:                      REQUESTOR:                      FOR PAYPERIOD ENDING:

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ORIGINAL APPROVED TIMESHEET INFORMATION:

Account	Task	Last Name	First Name	Hours

REVISED TIMESHEET INFORMATION:

Account	Task	Last Name	First Name	Hours

Reason for Change:

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Approval Signature (Supervisor) Approval Date

*If submitted more than 45 days after payperiod end, approval by the PI and CFO is required.*

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Approval Signature (Principal Investigator) Approval Date

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Approval Signature (CFO) Approval Date

RETURN COMPLETED FORM TO [ADMIN@IRIS.EDU](mailto:ADMIN@IRIS.EDU)