Workday Time Tracking Edit Form

Please attach a copy of your WD time sheet and email to **fnspayroll@byuh.edu**. All hours submitted on this form will be added to the next pay period. Incomplete forms may not be processed.

Employee Name	Employee/Student ID #	Employee Phone #

Department Name	Position

Reason for Edit:
- ☐ Forgot to Punch
- ☐ Other:_____

Notes: **Please fill out the form completely and accurately with Name, ID #, Month and Date, & In and Out times.**

Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day		

Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours	Month/Date		Hours
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day		

Employee Name	Employee Signature	Date:

Supervisor Name	Supervisor Signature	Date:

For Payroll Use

☐ Time Edited	Payroll Staff Signature: # of Edits:	Comments:	Entered:	Verified:

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