

Workday Time Tracking/Time Off Edit/ Payment Authorization

(attach copy of time sheet with edits)

Name:	BYUH ID:	EE Contact Phone:
Department:	Position:	
Reason for Edit: <input type="checkbox"/> Forgot to punch <input type="checkbox"/> Other (list reason: _____) <input type="checkbox"/> Forgot to enter time off		
Check one: <input type="checkbox"/> Retro hours to be paid on next pay period <input type="checkbox"/> Pay on exception check <input type="checkbox"/> Department CPO attached or <input type="checkbox"/> Charge employee \$25 exception check fee <input type="checkbox"/> Print Check or <input type="checkbox"/> Direct Deposit into "balance" account(avail within two business days)		
Employee Signature:		Date signed:
Supervisor Signature:		Date signed:
For Payroll Use only: <input type="checkbox"/> Edits done <input type="checkbox"/> Review 401K <input type="checkbox"/> Load/Refresh Ded Input <input type="checkbox"/> Review ER medical <input type="checkbox"/> Review single med prem <input type="checkbox"/> Review ACA hours		Payroll Staff Signature: Date entered:

Exception checks are processed on Mon and Wed of a non-pay week and Friday only of a pay week. Requests are due by 11 a.m. and will be available for pick up on the following business day.