

MCtime

Timecard Correction Request for Previous Pay Period

					ate Requested		
Employ (Last, F	yee Name First)			E	imployee #:		
Department Name:					epartment #:		
Manager Name:				P	Phone #:		
Manage Signate							
*Battalion Chief				P	Phone #:		
Name & Signature (FRS Only):							
Pay Period Begins:				P	Pay Period End:		
Describe Change							
Require							
	Add or E	Delete Reported Hours for a Sp	ecific Dat	te(s)			
	7.000				odes to Be Charged*	**	
Add/ Delete	Date	Pay Code	Hours	Cost Cente			Activity Code / Reason Code
EX: Add	01/04/09	Hours Worked (should be paid as Overtime)	1.5	CC 32590	PT 2001927-Gent	001 50660	A20 or COR200
MCFRS Personnel Only: Do not send the form directly to Payroll. The Form must be sent to your Battalion Chief for review and approval prior to submitting to fire.mcfrs-mctime@montgomerycountymd.gov .							
EMAIL to	o: Fin	ance, Payroll (financepayroll@montgo	omerycount	tymd.gov)	Or FAX: 240-777-8843		
*** Note: Timecard correction should not be submitted for accounting purposes. A journal entry should be submitted to General Accounting Section. NOTE: The correction will appear on the Historical Edit tab (Manager View only) in the Pay Period that when processed and in the grid of the original pay period as a shaded transaction. Employees can view the information in Totals Summary.							
FOR PAYROLL TEAM ONLY							
 Date Processed Effective Date:							
Totals for effective date, current pay rate equals historical pay rate							
Impact Accruals (use only when Leave codes are affected) Leave boxes blank if the correction was made in HRMS, and just updating MCtime Sent confirmation amplit Correction Completed.							