Payroll Correction Form
(Previous Pay Period only)

Name(Print): _____

Missed Clocking

This is: ☐ in clocking	☐ out clocking	☐ duplicate	☐ department code correction
Date of clocking:			
Time of clocking:			

Correct Department Code

Department Code = the department funds are coming from to pay you	☐ 754000 Paramedic Division ☐ 881001 Denver CARES ☐ 754300 EMS Education

Special Code

Date/s of missed ***field trainer pay (61)*** code:	_____	☐ in ☐ out
Time/s of missed ***field trainer pay (61)*** code:	_____	☐ in ☐ out
Date/s of missed ***trade worked (62)*** code:	_____	☐ in ☐ out
Time/s of missed ***trade worked (62)***code:	_____	☐ in ☐ out

Off-Site/Other Event

Event Type/Description	Date	Time In	Time Out

Employee Signature/Captain or Lieutenant Approval

Employee Signature: _____ Date: _____

Captain/Lieutenant: _____ Date: _____

REV. 01/2018