MEMORANDUM

OT earned - 1.0

OT earned - 1.5 **

OT earned - 2.0 **

RE:	Time Sheet Adjustment for:					
	Agency/Activity		Last/First Name			EIN
то:	Payroll Manager Office of Finance, Accounting Division			า	Time sheet changes more than 120 days after workday must be submitted through Department Head to Finance Director.	
THRU:	Agency contact name and telephone				Please submit one form for each employee for file record purposes.	
FROM:	Supervisor name and telephone				** = Hours should be actual hours worked.	
DATE:					Payroll staff will pull time sheet to determine whether earnings will be County or FLSA overtime/comptime.	
Explanation for change:						
Description	Code	Hours to Add	Hours to Delete	Fund (4)	Center (6)	From MMDDYY - To MMDDYY
Regular - FT or PT	1100					
Regular - Temp/LTGF	1101					
Annual leave - FT or PT	2000					
Sick leave - FT or PT	2020					
Acting pay	1715					
Acting OT Premium	1716					
Court time	\geq					
Comp earned - 1.0	\geq					
Comp earned - 1.5 **						
Comp used - County	2040					
Comp used - FLSA	2060					