Time/Leave Sheet and Payroll Processing Audit Form

FACILITY/UNIT: _____ LOCATION CODE: _____ OCC CODE: _____

EMPLOYEE: _____ EMPLOYEE ID #:_____

AFFECTED SALARY MONTH: _____AFFECTED CYCLE: _____

The facility/unit HRMS has completed an audit of the employee's attendance record for the time period listed above. The corresponding timesheets are attached. The results of the audit are (check all that apply):

- ☐ Time/leave amendments do not affect payroll
- ☐ Employee OVERPAID
  - ☐ Monthly salary (HCM-14 must be attached)
  - ☐ Overtime hrs @ straight rate _____
  - ☐ Overtime hrs @ overtime rate _____
- ☐ Employee UNDERPAID
  - ☐ Monthly salary (HCM-14 must be attached)
  - ☐ Overtime hrs @ straight rate _____
  - ☐ Overtime hrs @ overtime rate _____

Audit completed by: _____Date: _____

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The Central Human Resources Time/Leave unit entered the amended/corrected timesheet(s) and verified accurate processing. HCM-14(s) forwarded to transactions.

Timesheet(s) entered & verified by: _____ Date: _____

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The Payroll unit reviewed the information and timesheets. The official results of the audit are (check all that apply):

- ☐ Time/leave amendments do not affect payroll
- ☐ Employee OVERPAID
  - ☐ Monthly salary (HCM-14 must be attached)
  - ☐ Overtime hrs @ straight rate _____
  - ☐ Overtime hrs @ overtime rate _____
- ☐ Employee UNDERPAID
  - ☐ Monthly salary (HCM-14 must be attached)
  - ☐ Overtime hrs @ straight rate _____
  - ☐ Overtime hrs @ overtime rate _____

Audit completed by: _____ Date: _____