SHIFT DIFFERENTIAL
PAYROLL CORRECTION FORM

PAY PERIOD: FROM _____ TO _____

ACCOUNT TO BE CHARGED _____

NAME: _____ Social Security No. _____ Position Number _____

(Last) (First) (Initial)

Date	Number of Hours		Rate	Total	Remarks
	Add	Deduct			

Signature: _____

Department Head

Distribution:
White - Payroll
Yellow - Department

4/90