

1 This form is used to make a correction to an approved time record and/or to change a start and end time.

2 Sections A - E, I - J are required
Section F is required only to change a start and end time
Sections G-H are required only to change a day/the entire weeks record

3 When changing the data within each day, include the entire entry as it should appear in WTE. DO NOT enter any information for any other day that is not changing

4 Complete one form for each week where changes are required

NEW YORK CITY HEALTH + HOSPITALS TIME RECORD CHANGE FORM

LAST NAME: [A] [] FIRST NAME: [B] [] EMPLOYEE ID: [C] []

FACILITY: [D] [] DISTRIBUTION CODE: [E] []

F TO CHANGE START AND END TIMES PLEASE COMPLETE THIS SECTION

NEW START TIME: [] NEW END TIME: [] EFFECTIVE DATE: []

G

DATE SUMMARY WEEK#	IN	OUT	TIME REPORTING CODE 1	TIME REPORTING CODE 2	REIMBURSEMENT CODE
SUNDAY	[]	[]	[]	[]	[]
MM/DD/YY	[]	[]	[]	[]	[]
MONDAY	[]	[]	[]	[]	[]
TUESDAY	[]	[]	[]	[]	[]
WEDNESDAY	[]	[]	[]	[]	[]
THURSDAY	[]	[]	[]	[]	[]
FRIDAY	[]	[]	[]	[]	[]
SATURDAY	[]	[]	[]	[]	[]

I EMPLOYEE SIGNATURE: []

J MANAGER OR AUTHORIZED DELEGATE SIGNATURE: []

RESET

A ENTER Last Name

B ENTER First Name

C ENTER All 9 digits of employee ID number

D ENTER Facility

E ENTER Distribution Code

F Only complete this section if you are requesting a change to start and end times

G ENTER the Week number (e.g. 2130). Once you hit enter, the dates will populate under each day of the week

H ENTER the changes as required including the entire days details as you would enter is in WTE. Do NOT enter just what is changing

I ENTER Employee Signature

J ENTER Supervisor or Authorized Delegate Signature