San Diego Community College District
Monthly Timesheet Correction Request

Timesheet Reporting Period: From _____ to _____

Academic ☐

Location Name _____

Classified ☐

Employee ID #	Employee Rec #	Position ID	Employee Name (Last, First Middle)

		Dates of the Month																															
Action	Time Category	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Add																																	0
Delete																																	0

Remarks: _____

_____

Prepared By _____ Date _____

Manager Approval _____ Date _____

Submit form to your Campus Business Office; after validated by your Campus Business Office they will forward to Payroll