



San Diego Community College District Monthly Timesheet Correction Request (Do not use for Hourly Timecard Corrections)

Timesheet Reporting Period: From _____ to _____

Academic

Location Name _____ Pay Station _____

Classified

Employee ID #	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																																			
Delete																																			

Remarks: _____

Prepared By _____ Date _____

Manager Approval _____ Date _____

Submit form to the Payroll Department