

PAYROLL NUMBER CORRECTION
 (USE THIS FORM ONLY TO CORRECT PAYROLL NUMBERS)

ORIGINATOR (Name and Title)	ORGANIZATIONAL LOCATION (Agency, Bureau, Division, Section)	DATE
MAILING ADDRESS (Include Street, City, State, ZIP Code)		PHONE (Area Code, No., Ext.)



(Fold along dotted line for insertion in window envelope)

NAME	SOCIAL SECURITY NO.	TIMEKEEPER	INCORRECT P / R #	CORRECT PAYROLL #

PERSONNEL LISTED WERE PAID UNDER INCORRECT PAYROLL NUMBERS (CANS) IN PAY PERIOD NUMBER _____ .
 CORRECT PAYROLL NUMBERS ARE LISTED. THIS FORM IS NOT TO BE USED TO TRANSFER PERSONNEL FROM ONE
 POSITION OR ORGANIZATION TO ANOTHER.

 TYPE TIMEKEEPER NAME AND NUMBER

 SIGNATURE

 PHONE NO.

 TYPE T&A CARD CERTIFYING OFFICIALS NAME AND TITLE

 SIGNATURE

 PHONE NO.