



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF EDUCATION
PAYROLL OPERATIONS
1834 Kongens Gade, St. Thomas, VI 00802 * 340.774.0100
2133 Hospital Street, St. Croix, VI 00820-4465 * 340.773.1095



Date: _____

MEMORANDUM:

TO: Director of Payroll – Department of Finance
FROM: Payroll Operations – Department of Education
SUBJECT: Correction of Pay Record

The following correction(s) is/are requested:

Name: _____ **Activity Center:** _____

Employee No.: _____ **Pay Period Ending:** _____

Hours Charged: **Regular:** _____
 Admin: _____
 Annual: _____
 Holiday: _____
 Personal: _____
 Sick: _____
 UPT: _____
 Other (Specify) _____:

Requested Change: **Regular:** _____
 Admin: _____
 Annual: _____
 Holiday: _____
 Personal: _____
 Sick: _____
 UPT: _____
 Other (Specify) _____:

Supervisor's Signature: _____

For use by the Payroll Section Checked for accuracy by: _____
Department of Education

ENDORSEMENT

TO: Director of Payroll – Department of Finance
Your usual cooperation in processing the requested change will be appreciated.

Date

Certifying Officer