HR SUPPORT SERVICES
HR DATA CORRECTION FORM

EMPLOYEE INFORMATION

Last Name:	First Name:	Personnel #:
Position Title:	Location Name:	

REQUESTED CORRECTION

Current Effective Date in SAP: _____

☐ **Supplements** ☐ **554 Additional Assignment** ☐ **One Time Payment**

	Action	All Sections below MUST be filled out	Reasons/Comment
☐ ☐	Update Coding ***Budget Approval Required** Create Payment ****TA or HRO Director Approval Required**	Wage Type: _____ Cost Center: _____ Functional Area: _____ Grant: _____ WBS Element: _____ Date: _____ Amount: _____	☐ Incorrect Funding Information ☐ ******Approved by Talent Management / HR Operations Director (Signature required) ☐ Other: *(Explain below)* _____ _____ _____ _____
☐	Update Start Date	Position # (IT0554 ONLY): _____ New Start Date: _____	☐ Other: *(Explain below)* _____ _____
☐	Deletion of Supplement/ One-Time Payment	Wage Type: _____ Amount: _____	☐ Not Entitled to Payment ☐ Incorrect Personnel # input ☐ Incorrect Wage Type
☐	Delimit Supplement	Delimit Effective Date: _____ Wage Type: _____ Amount: _____	☐ Employee no longer in your location ☐ Other: *(Explain below)* _____ _____

APPROVAL SIGNATURES

Pony Completed Form to HR Support Services Department

*Budget Signature: _____ Date: _____

**Talent Management/ HR Operations Signature: _____ Date: _____

Principal/ Dept Head Signature: _____ Date: _____

Form Completed by (Print Name): _____ Telephone _____

FOR HR SUPPORT SERVICES ONLY

Processed By: _____ Date: _____ Tracking #: _____

Approved: Y _____ N _____ Notes: _____

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