

Timesheet Correction Form

Time Record Amendment Request

Template Version 1.0 | June 2026

Important

Timesheet corrections must be submitted as soon as possible after the error is identified. Supporting evidence may be required. Frequent or unexplained corrections may be subject to review.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Contact Phone

Email Address

Manager / Supervisor Name *

Date of Request *

Section 2: Pay Period Information

Pay Period Start Date *

Pay Period End Date *

Date(s) Requiring Correction *

Has this pay period already been processed for payroll?

- ☐ Yes - this will require a payroll adjustment
- ☐ No - timesheet can still be corrected before processing
- ☐ Unknown

Section 3: Type of Correction Required

Please indicate the type of correction needed (select all that apply):

- ☐ Incorrect start time
- ☐ Incorrect finish time
- ☐ Missing clock-in or clock-out
- ☐ Incorrect break duration
- ☐ Missing break entry
- ☐ Wrong date recorded
- ☐ Wrong location recorded
- ☐ Shift not recorded at all
- ☐ Overtime hours not recorded
- ☐ Leave type incorrect
- ☐ Public holiday hours incorrect
- ☐ Other (please specify below)

If other, please specify:

Section 4: Correction Details

Original Record vs Corrected Record

Please provide the original (incorrect) times and the corrected (accurate) times:

	Original Record	Corrected Record
Date		
Start Time		
Finish Time		
Break Start		
Break End		
Total Hours		
Location		

Section 5: Additional Corrections (if required)

Use this section if you have multiple days requiring correction:

Date 2

Original Start / Finish

Corrected Start / Finish

Date 3

Original Start / Finish

Corrected Start / Finish

Section 6: Reason for Correction

Please explain why this correction is required:

- ☐ Forgot to clock in/out
- ☐ Time clock system error / malfunction
- ☐ Badge / PIN not working
- ☐ Was already working when clock became available
- ☐ Manager instructed to record time differently
- ☐ Administrative error
- ☐ Other (please explain below)

Detailed explanation of why the original record was incorrect: *

Section 7: Supporting Evidence

Please indicate what supporting evidence you can provide:

- ☐ Witness statement from colleague
- ☐ Witness statement from manager
- ☐ Email timestamp showing work activity
- ☐ System logs / computer login records

- ☐ Building access records
- ☐ Customer / client communication records
- ☐ CCTV footage available
- ☐ Other evidence (please specify)
- ☐ No supporting evidence available

If other evidence, please describe:

Witness Name (if applicable)

Witness Contact Details

Section 8: Employee Declaration

- I declare that the information provided in this correction request is true and accurate to the best of my knowledge.
- I understand that providing false or misleading information may result in disciplinary action.
- I understand that this correction may affect my pay if the pay period has already been processed.
- I acknowledge that frequent corrections may be reviewed as part of performance management.

Employee Signature

Signature: _____

Date: _____

Section 9: Manager Review

Decision:

- ☐ Approved - correction will be made
- ☐ Approved with modifications (see notes)
- ☐ Declined - insufficient justification
- ☐ Declined - no supporting evidence
- ☐ Pending - additional information required

Manager notes / reason for decision:

Manager Verification

- ☐ I have reviewed the supporting evidence
- ☐ I have verified the correction is accurate
- ☐ I have checked for patterns of corrections from this employee

Manager Signature

Manager Name: _____

Signature: _____

Date: _____

Section 10: Payroll Processing (Office Use)

Date Correction Processed

Processed By

- ☐ Timesheet system updated
- ☐ Payroll adjustment required

Pay Period Affected

Adjustment Reference Number

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