

TCP RECONCILIATION FORM

The form is used to correct pay for any employee who has missed or incorrectly put time into Time Clock Plus (TCP). By filling out and submitting this document both parties recognize the information below as being correct and reflecting hours worked by the employee.

First Name:	Last Name:
Employee Number:	School of Assignment:
Date of Discrepancy:	Employee Signature:

NOTE: Requests for changes submitted after 60 days will not be approved per SOP 2.730.

Supervisor Approval Authority Name (printed): _____

Supervisor Approval Authority Signature: _____

Date: _____

****This form is not valid until signed by the designated authority figures****

****FOR PAYROLL DEPARTMENT USE ONLY****

☐ APPROVE

☐ DENIED

Payroll Specialist Initials: _____

Date: _____

Correction Date: _____