

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
HR DATA CORRECTION FORM

For Personnel Records Use
Only
Personnel # _____
Affix Barcode

EMPLOYEE INFORMATION

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

REQUESTED CORRECTION

Effective Date: _____

Correction Reason:

- Not Entitled to Payment
- Incorrect Personnel # input
- Incorrect Wage Type

Wage Type

<input type="checkbox"/>		Deletion of One Time Payment
<input type="checkbox"/>		Deletion of Supplement

Wage Type

<input type="checkbox"/>		Delimit Supplemental Pay (Use only for employees outside of your location)
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Position #

<input type="checkbox"/>		Correct Additional Assignment (554) Start Date
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Rationale: _____

APPROVAL SIGNATURES

Pony Completed Form to HRIS Department

Principal/Dept Head Signature: _____ Date: _____

Form Completed By (Print Name): _____ Telephone #: _____

For HRIS Use Only

Processed By: _____ Date Processed: _____

Approved: Y _____ N _____

Notes: _____
