



FS Human Resources Request for Timecard Change

Request Information

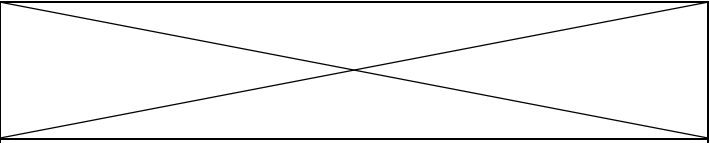
Date: _____ Shop Name: _____

Employee Name: _____ AiM User Name: _____

Request Description

Submitted (all fields required)

Correction

Transaction Number:	
Transaction Date:	
Submitted Work Order #:	Corrected Work Order #:
Submitted Phase:	Corrected Phase:
Submitted Hours:	Corrected Hours:
Submitted Time Type:	Corrected Time Type

Reason For Change

Approval for Change

Employee Print Name

Employee Signature

Date

Supervisor Print Name

Supervisor Signature

Date

For HR Use Only:

Received By: _____ Date Corrected: _____

Paper Timesheet Corrected: Yes No