

City of Bellaire

TIME SHEET CORRECTION FORM

submit to payroll@bellairetx.gov

EMPLOYEE NAME _____ EMP # _____
please print

SUPERVISORS NAME _____ DATE _____
please print

SUPV SIGNATURE _____ *EMP SIGNATURE* _____

INCORRECT TIME

CORRECTED TIME

DAY	DATE	PAY CODE	IN	OUT	HOURS	PAY CODE	IN	OUT	HOURS	COMMENTS
MONDAY										
MONDAY										
TUESDAY										
TUESDAY										
WEDNESDAY										
WEDNESDAY										
THURSDAY										
THURSDAY										
FRIDAY										
FRIDAY										
SATURDAY										
SATURDAY										
SUNDAY										
SUNDAY										
MONDAY										
MONDAY										
TUESDAY										
TUESDAY										
WEDNESDAY										
WEDNESDAY										
THURSDAY										
THURSDAY										
FRIDAY										
FRIDAY										
SATURDAY										
SATURDAY										
SUNDAY										
SUNDAY										

Code	Description	Code	Description	Code	Description	Code	Description
AD2	Additional-R2	DR2	Disaster Regular-R2	FMV	FMLA-VAC	PSS	PSL SELF
ADH	Additional-R1	DR3	Disaster OT-R1	FMW	FMLA-WC	R	Regular
ADM	ADMINISTRATIVE LEAVE	DTC	Disaster Comp Time Earned	FWV	FMLA - WC VAC	RT2	Reg-R2
BER	Bereavement	FLH	Floating Holiday (Rate 1)	HNA	Holiday Non Accrual	RT3	OT-R1
COM	Comp Time Taken	FMC	FMLA-COM	HOL	Holiday	RT4	OT-R2
CTE	Comp Time Earned	FMF	FMLA-FH	JUR	Jury Duty	S	Sick
DA1	Disaster Additional-R1	FMH	FMLA-HOL	LTS	Long Term Disability	STE	Short Term Disability
DA2	Disaster Additional-R2	FML	FMLA - SICK	LVP	Leave Sharing Program	SUS	Suspension
DD4	Disaster OT-R2	FMN	FMLA-NONPAID	NON	Non Paid Hours	V	Vacation
DIA	Disaster Administrative Leave	FMP	FMLA - STD	PPL	Personal Privilege Leave	WET	Weather Event
DR1	Disaster Regular	FMS	FMLA- WC SICK	PQL	Paid Quarantine Leave		