



**MIAMI-DADE COUNTY  
HUMAN RESOURCES DEPARTMENT  
TIME REPORTING RETROACTIVE  
ADJUSTMENT FORM**

*Please utilize this form exclusively for adjustments dating back more than one year and submit it to your DPR/Designee for processing. Please input hours only for the dates that require updates.*

<b>Employee Name:</b>										<b>Employee ID:</b>								<b>Dept ID:</b>			
<b>Pay Period Start Date:</b>										<b>Pay Period End Date:</b>											
Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Time Reporting Code	Out of Class Occ Code				
Date																					

Supervisor Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

DATE: \_\_\_\_\_