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.

Employee Name:		**Employee ID:**		**Dept ID:**	
Pay Period Start Date:			**Pay Period End Date:**		

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:** _____

***Please email the approved form to CO-Retrotransactions@miamidade.gov*