

**AUTHORIZED CORRECTION REQUEST FORM- F3.6B**

NAME: \_\_\_\_\_

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

EMPLOYEE ID #: \_\_\_\_\_

DEPT: \_\_\_\_\_

DEPT PHONE #: \_\_\_\_\_

.....  
MONTH: \_\_\_\_ YEAR: \_\_\_\_

BALANCE AS REFLECTED ON THE ORIGINAL FORM:

VACATION: \_\_\_\_\_ SICK: \_\_\_\_\_ FLSA: \_\_\_\_\_ STATE COMP: \_\_\_\_\_

REQUESTED CORRECTION:

.....  
I HEREBY AUTHORIZE EXECUTION OF THE ABOVE STATED CORRECTION.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

*With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.*