**FORM DOT-12A WEST VIRGINIA DEPARTMENT OF TRANSPORTATION**

**7/07**

# REQUEST FOR PAYROLL CORRECTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAST NAME: | FIRST NAME: | MI: | SOCIAL SECURITY NO.: | HOME ORG: |
|  |  |  | xxx-xx- |  |
|  | CLASSIFICATION |  |
|  |  |  |  | O.T. STAT | RATE OF PAY | WAGE CODE AFFECTED |
| CIVIL SERVICE SAL. [ ]  SALARIED [ ]  HOURLY**[ ]**  |     |       |      |
|  |  | DOCUMENT BEING CORRECTED |  |  |  |
| DOT-12 DATE | DOT-12 DOC. NO. | PAY WEEK ENDING | PAY PERIOD ENDING |
|       |       | Month |       | Day  |    | Month |       | Day |    |

The Payroll Records of the above referenced employee require adjustment as detailed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | DOT-12 AS REPORTED |  |  |  |
|  |  |  |  |  |  |  | WEEK'S TOTAL |
| RECEIVING ORG. | AUTHORIZATION OR E.D. NO. | ACTIVITY | N/P | AUTHORIZATION ACCT. NO. | WAGE CODE(Temp. Upgrade) | REPORTEDHOURS | REGULAR | OVERTIME |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
| TOTAL AS REPORTED |       |       |       |
|  |  |  | DOT-12 AS CORRECTED |  |  |  |
|  |  |  |  |  |  |  | WEEK'S TOTAL |
| RECEIVINGORG. | AUTHORIZATION OR E.D. NO. | ACTIVITY | N/P | AUTHORIZATION ACCT. NO. | WAGE CODE(Temp. Upgrade) | REPORTEDHOURS | REGULAR | OVERTIME |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
|      |       |     |   |       |      |       |  |  |
| TOTAL AS CORRECTED |       |       |       |
| ADJUST RECORDS BY (+) OR (-) HOURS |       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | SUMMARY OF CORRECTIONS |  |  |
| GROSS AMOUNT OF | AMOUNT OF | INCREASED LEAVE HOURS | DECREASED LEAVE HOURS |
| ADDITIONAL PAY | OVERPAYMENT\* | ANNUAL | SICK | ANNUAL | SICK |
|       |       |       |       |       |       |

|  |
| --- |
| EXPLANATION:       |
|       |
|       |
|       |
| PREPARED BY: |  | EMPLOYEE SIG.: |  | DATE: |  |
|  |  |  |  |  |  |
| APPROVED BY: |  | DISTRICT ENG./ADM.OR DIVISION DIR.: |  | DATE: |  |
|  |  |  |  |  |  |
| VERIFIED/ |  |  |  |  |  |
| ENTERED INTO SYSTEM BY:  |  |  | DATE: |  |

\* OVERPAYMENT MAY REQUIRE EMPLOYEE REIMBURSEMENT