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

**7/07**

# REQUEST FOR PAYROLL CORRECTION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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:

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

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

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| EXPLANATION: | | | | | | | | |
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| 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