# Kean University

# Historical Edit Request Form

Employee Name: _____ Dept. / CC: _____Phone Ext. _____

Employee #: _____ Historical Edit Pay Period #: _____

**Pay Codes: Regular=REG; Student Aid-Regular=SA; FWS-Regular=FWS**

| Week 1 | | CORRECTION | | | | |
|---|---|---|---|---|---|---|
| **Date** | **Pay Code** | **Start Time** | **Break OUT** | **Break IN** | **End Time** | **Total Hours** |
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| Week 2 | | CORRECTION | | | | |
|---|---|---|---|---|---|---|
| **Date** | **Pay Code** | **Start Time** | **Break OUT** | **Break IN** | **End Time** | **Total Hours** |
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**Reason For Historical Edit (Required):**

_____

**Supervisor Name: (Please Print)** _____ **Supervisor Signature:** _____ **Date:** _____