



Amendment Request

Instructions:

- This form is to be used for making amendments to timesheets greater than 28 days in the past.
- **This form must be approved and sent by the employee’s manager or the next level manager.**
- The approving manager must send completed form to: DHR_eStar@delaware.gov
- HR will complete amendment in eSTAR and work with payroll to process request.

Amendment Information

Employee Name: _____

Employee Number: _____

Department Code: _____

Approving Manager: _____

Pay Period Amended: _____

Pay Check Date: _____

Please enter what was already paid here:

Paid	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Example</i>	0	7.5 REG	7.5 REG	7.5 REG	7.5 REG	7.5 REG	0
Week 1-Paid							
Week 2-Paid							

Please enter what should have been paid here:

Amendment	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Example</i>	0	7.5 REG 2.0 AHW	7.5 REG	7.5 SLT	7.5 REG	7.5 REG 2.0 CTE (1.0)	0
Week 1- Amend							
Week 2- Amend							

Please use the paycode spreadsheet to reflect the proper paycode, for example:

- REG - Regular
- ALT – Annual leave taken
- SLT – Sick leave taken
- AHW – ADDL_HRS_WRK (Additional hours worked)
- CTT – Comp time taken
- CTE 1.0/1.5 – Comp time earned

*When entering additional hours worked, please include if it should be OT for FLSA covered employees, or re-coded to comp time.

For a full list of paycodes, please refer to the DHSS Pay Code Chart found under “Tools” on the [eSTAR website](#).

Reason for Amendment: [Click here to enter text.](#)