|  |  |
| --- | --- |
|  | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **DEPARTMENT OF HEALTH AND SOCIAL SERVICES**    ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

# 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: [DHSS\_eStar@delaware.gov](mailto:DHSS_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** |
| *Example* | *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** |
| *Example* | *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**](http://dhss.delaware.gov/dhss/dms/hrm/estar/estar.html)**.**

**Reason for Amendment**: Click here to enter text.