



PS Correction Request Form

IRT Support Ticket #

Date Requested :

Provide information below as required for Request.

Today's Date:		Record No.	PS Empl ID#(NOT SSN):	
First Name	Middle Name/Ini	Last Name:		Suffix
Street Address	City	State:	Postal Code	
Email Address	Primary Phone	Phone Type		
Gender	Birthdate:	National ID (SSN#)		
Briefly Explain purpose for request (Please provide information pertinent to the Correction Request):				
Effective Date of Action/Reason				
Reason for Request:		Area Correction SME Requests		
HR Central Requests				
Correct/change Name *		POS Change/Update		
Correct SSN#*		Pay Rate Correction or Change		
Delete Duplicate Empl ID #		*SSN Card MUST be presented to SME to complete request.		
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From Position Number:		To Position Number:		
From Hourly Rate:		To Hourly Rate:		
Comments:				
Standard Hours: 20		Appointment End Date:		
Emergency Contact Information	Address:	Phone :		
Name:				
Relationship:				
Date prepared:	Name of person preparing form	Dept/Ext/ Email		
Name of Hiring Supervisor	Signature of Hiring Supervisor	Dept/Ext/ Email		
Print Name of Authorized signature:		Authorizing Signature:		
◆ <i>SME Initial</i> ◆		Print Name		◆
		Date Correction completed:		