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**U Wide Form**

UM 1545

**Rev:** 8/01

**Route this form to:**

**Office of Human Resources**

**Fax: 612-625-2979**



# HRMS Data Correction Request

|  |  |  |
| --- | --- | --- |
| Use a separate form for each employee. **Do not** submit attachments (i.e., screen shots, etc.). |  | Page of  |
| Requested by | Phone | E-mail |  |  |
| **FOR OHR USE ONLY** |
| Date | Department Name | Department Number |  | Corrected by: |
| [ ]  Off Cycle check has been requested | [ ]  UMP Job record |  | Date: |

### FILL IN ALL INFORMATION BELOW

|  |  |  |
| --- | --- | --- |
| Employee Name | Employee ID | Record # |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Effective Date | Eff. Seq. | Action / Reason | Field Name | Incorrect Information | Correct Information | Field Name | Incorrect Information | Correct Information |
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| Brief explanation of issue and desired outcome of correction: |

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