



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

## TIME AND LABOR AMENDED BATCH HEADER

# SBTL090-2 CRITICAL REPORT

DEPARTMENT NAME

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PAY PERIOD

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TO: EMACS-PAYROLL

ATTN:

Payroll Specialist Name (Print):

Telephone:

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NOTE: All changes made to the amended TLR must be identified with an Asterisk in the left-hand margin of the TLR. All unchanged lines must match the original TLR (i.e., do not summarize previously itemized lines.) Used to replace original TLRs submitted.

*DO NOT SUBMIT FOR DATA ENTRY*