



Employee Time Sheet Adjustment Form

This form is used to report adjustments to a previously submitted time sheet. Adjusted hours will be reflected in the employee's next paycheck.



Department Name

Department #

Employee Name

Employee ID or SSN

For Period Ending

Additions

The hours listed below were not paid because:

		Sat	Sun	Mon	Tues	Wed	Thu	Fri
Week ending:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Week ending:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Hours should be paid OT Rate Regular Rate

The Payroll Department will add these hours to the next Time Sheet submitted.

Changes

The hours listed below should be adjusted as indicated. The hours will be adjusted on the next pay.

	Reported	Actual	Date <input type="text"/>
Regular	<input type="text"/>	<input type="text"/>	
Overtime	<input type="text"/>	<input type="text"/>	
Vacation	<input type="text"/>	<input type="text"/>	
Sick	<input type="text"/>	<input type="text"/>	
Personal	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	

Authorization

Supervisor Signature:

Date

Employee Signature:

Date