

TIME CARD ADJUSTMENT

EMPLOYEE NAME: _____

TYPE OF ADJUSTMENT:	DATE TO ADJUST:	SUPERVISOR INITIALS:
Forgot Badge	_____	_____
Forgot to Clock In/Out	_____	_____
Paid Time Off	_____	_____
Supervisor's Pay	_____	_____
Other	_____	_____

DETAILS (actual time in/out, etc): _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Fill out completely and forward to the Payroll Clerk. *All timecard adjustments must be submitted to the Payroll Clerk by 2pm on the Monday prior to the payday.*

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