

Employee Time Adjustments

Pay Period Beginning: _____ / _____ / _____

Pay Period Ending: _____ / _____ / _____

Employee Name: _____

Employee Signature: _____

Department Head Signature: _____

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Reason							
Hours							

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Reason							
Hours							

Reason: **V**acation **S**ick **P**ersonal **W**orker's Compensation
 Training **L**unch Worked **F**uneral **J**ury Duty

Non-punch exceptions must be signed by the supervisor