

Request for Time Adjustment



Name _____

Position _____

Date of Error* _____

**(One Form Per Day)*

	Morning		Afternoon		Night	
	Start	Stop	Start	Stop	Start	Stop
Incorrect						
Actual						

Reason _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Bookkeeper/Payroll Use Only
Date Keyed _____
Payroll Initials _____

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