

Time Card Adjustment

Employee Name: _____

TYPE OF ADJUSTMENT	DATE TO ADJUST	SUPERVISOR INTIALS
Forgot to clock in/out	_____	_____
Time Off Bank (TOB)	_____	_____
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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