Time Clock Adjustments

Site _____ *Week Ending* _____

***All** adjustments to your time must be recorded on this form daily*
***All** adjustments require proper documentation and Supervisor signature*

Print employee name:_____

For Supervisor Use Only

Date	*Start Time*	*End Time*	*Total Hrs (for Ben. Time only)*	*Reason For Adjustment (missed punch, ben. time, etc.)*	**Employee Signature*	*Date Adj. Made*	***Supervisor Signature*

** I hereby certify that all information (time/attendance) is true and correct.*
*** I approve the info. (time/attendance) and authorize pmt. according to current payroll policies.*