PRE-PAYROLL ADJUSTMENT FORM

NAME: _____ **EMPLOYEE ID#:** _____ **DATE:** _____

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
WEEK 1 Month / Day														
IN punch / OUT punch														
IN punch / OUT punch														
Meal Adjustment														
Per Diem Pay														
Annual Leave														
Sick Leave														
Comp Leave														
Military Leave														
Standby Pay														
Other:														
Other:														
Other:														
Total Hours Per Day:														

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
WEEK 2 Month / Day														
IN punch / OUT punch														
IN punch / OUT punch														
Meal Adjustment														
Per Diem Pay														
Annual Leave														
Sick Leave														
Comp Leave														
Military Leave														
Standby Pay														
Other:														
Other:														
Other:														
Total Hours Per Day:														

Reason For Adjustment: _____

_____

_____ _____ _____

Employee Signature / Date **Supervisor/Time Editor Signature / Date** **Department Head Signature (if applicable)**

Print

Reset Form