



TIME CARD ADJUSTMENTS

PAY PERIOD _____

EMPLOYEE'S NAME:

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PLEASE PRINT

CLOCK NUMBER

I am aware that there has been an adjustment to my hours on the following day(s).

	DATE	TIME- FROM	TIME- TO	HOURS	REASON
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

EMPLOYEE'S SIGNATURE

DATE

MANAGER'S SIGNATURE

DATE

It is the GM's responsibility to send this sheet along with the 2-week total sheet and register tapes for week 1 & 2 & the TOTAL for each pay period.