SHERMAN'S

Time Clock Adjustment Form (Employee complete top portion only and place in the Admin Box)

Employee Name (print) _____Date of Adjustment_____

Adjustment: Time: _____ Punch in for Day
Time: _____ Punch out for Lunch
Time: _____ Punch in from Lunch
Time: _____ Punch out for Day

Reason for Adjustment/Comments: _____

I acknowledge that I am required to utilize the time clock to punch in at the start of my shift, out at lunch, back in at return from lunch, and out at the end of my shift to accurately reflect actual hours worked. I understand that not punching in/out as required may result in disciplinary action up to and including termination.

_____ _____
Employee Signature Date

For Supervisor Use Only:
Time Clock Adjustment is: { } Approved { } Not Approved

Comments _____

_____ _____
Supervisor Print Name Supervisor Signature

_____ _____
Department Date

SHERMAN'S

Time Clock Adjustment Form (Employee complete top portion only and place in the Admin Box)

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_____ _____
Employee Signature Date

For Supervisor Use Only:
Time Clock Adjustment is: { } Approved { } Not Approved

Comments _____

_____ _____
Supervisor Print Name Supervisor Signature

_____ _____
Department Date