



REQUEST FOR TIME ADJUSTMENT

Employee Information:

Name: _____ Facility (if not home dept): _____

Date: _____ Pay Period Ending: _____

Reason for Request:

- Employee is a new hire and unable to clock in/out yet
- Employee failed to clock in/out
- Meal/Break Adjustment
- Other: _____

Hours Worked:

	Date	In Time	Out Time	In Time	Out Time	Total Hours
1						
2						
3						
4						
5						
6						
7						

Other Non-Worked Hours:

	Date	PTO	Holiday	Court	Jury	Bereavement	Other	\$ Shift Incentive
1								
2								
3								
4								

I, _____, hereby certified that the information contained herein and hours worked above was authorized by my supervisor.

Comments: _____

 Employee Signature

 Date

Manager's Approval	Date

Manager - please return fully completed and approved form to payroll.hotline@naphcare.com for processing.