

# Timesheet Adjustment Form



Frederick

Please type or print information clearly

Date faxed/e-mailed:	<input type="checkbox"/> ECI	<input type="checkbox"/> Essential
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**Employee Information**

Employee Number:	First Name:	Last Name:
Phone Number:	Correction for week ending:	

Originally Reported			
Date	OT	Hours	Center/Description
Total:			

Correction			
Date	OT	Hours	Center/Description
Total:			

**Leave accounts:** Credit hours used – 005; Credit hours accrued – 007; Hours >80 – 009; Vacation – 101; Sick – 102; Holiday – 103; Workers’ Comp paid – 105; Bereavement – 109; Workers’ Comp non-paid – 115; Leave without pay – 117

**Justification:**

Employee Signature:	Date:	Approver Signature:	Date:
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Previously submitted without employee’s signature

**For use by Payroll Department**

Date entered:	Entered by:
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