

# TIMECARD CHANGE AUTHORIZATION FORM

**FOR INTERNAL DEPARTMENT USE ONLY - DO NOT FORWARD TO PAYROLL.  
ISSUING DEPT MUST RETAIN FORMS/ATTACHMENTS FOR 7 YRS FOR AUDIT/COMPLIANCE PURPOSES.**

**Timecard Change Authorization Form** must be completed when adding or changing a punch in a CURRENT pay period. This form is NOT required for non-worked hours such as vacation, sick, holiday, etc. To adjust a PREVIOUS pay period, use a Payroll Change Form; do NOT use this form.

<b>Employee's Name:</b>	
<b>Employee/Badge Number:</b>	
<b>Department Name:</b>	
<b>Reason for Adjustment:</b>  <input type="checkbox"/> Missing In Punch <input type="checkbox"/> Missing Out Punch <input type="checkbox"/> Wrong Badge Number Used <input type="checkbox"/> Other, please specify: _____	
<b>Date Being Adjusted:</b>	
<b>Original Punch:</b>  (Leave blank if adding a new punch)	
<b>Punch Added or Changed To:</b>	
<b>Employee Signature:</b>  _____	<b>Date:</b>  _____
Your signature certifies that this information is accurate and complete. An email from a DCE account is accepted in lieu of employee signature.	
<b>Supervisor Signature:</b>  _____	<b>Date:</b>  _____
Your signature certifies that you have reviewed the changes above and agree that they are accurate and complete.	