



# Time Clock Adjustment Form

Name:		Employee ID#:			
<b>Missing Clock In/Out</b> (check applicable selections)					
Date:	Time:	<input type="checkbox"/> AM / PM <input type="checkbox"/>	Clock: <input type="checkbox"/> IN / OUT <input type="checkbox"/>		
Explanation:					
<b>Lunch Adjustment</b>					
Date:	Lunch Length (in minutes):				
Date:	Lunch Length (in minutes):				
Date:	Lunch Length (in minutes):				
Date:	Lunch Length (in minutes):				
Date:	Lunch Length (in minutes):				
<b>Comp Time Earned Request</b>					
Date(s) Requested:					
<b>Differentials (UNIPRINT EMPLOYEES ONLY)</b> HP: Head pressman F: Foreman SS: Short-staffed					
Date:	# of Hours:	Code: <input type="radio"/> HP <input type="radio"/> HPOVT <input type="radio"/> F <input type="radio"/> FOVT <input type="radio"/> SS <input type="radio"/> SSOVT			
Date:	# of Hours:	Code: <input type="radio"/> HP <input type="radio"/> HPOVT <input type="radio"/> F <input type="radio"/> FOVT <input type="radio"/> SS <input type="radio"/> SSOVT			
<b>Leave Request/Adjustment</b>					
<input type="checkbox"/> Family and Medical Leave <input type="checkbox"/> Work Related Injury/Illness <input type="checkbox"/> Neither					
<b>Paid Leave</b>	<b>Date</b>	<b># Hours</b>	<b>Unpaid Leave</b>		
<input type="checkbox"/> Compensatory Time Taken			<input type="checkbox"/> Medical <input type="checkbox"/> Personal		
<input type="checkbox"/> Jury Duty/Court Appearance			Unpaid Time Off- 10 or fewer consecutive working days Unpaid LOA- leave of absence for more than 10 consecutive working days		
<input type="checkbox"/> Military Leave					
<input type="checkbox"/> Organ Donation Leave					
<input type="checkbox"/> Parental Leave					
<input type="checkbox"/> Sick Leave					
<input type="checkbox"/> University Business				<b>Date(s)</b>	<b># Hours</b>
<input type="checkbox"/> Vacation			<b>Time Off</b>		
<input type="checkbox"/> Vacation in place of sick leave			<b>LOA</b>		
Above leave is a change to a previously entered and approved leave request. <input type="checkbox"/> yes <input type="checkbox"/> no					
Leave request was entered manually to the timesheet by the manager. <input type="checkbox"/> yes <input type="checkbox"/> no					
<b>Employee Certification</b>					
Employee certifies that all information provided on the Time Clock Adjustment form is true and complete to the best of his/her knowledge. Falsification of this form is grounds for disciplinary action, up to and including dismissal. Employee understands that approval of this request is contingent upon the availability of adequate leave balances, and has reviewed the leave explanations and documentation requirements on page 2 of this form.					
Employee Signature:				Date:	
Supervisor Signature:				Date:	