



# TIME ADJUSTMENT FORM

## Employee Information

Employee Name:	
Date of Incident:	

**Missed Punch:** (If time clock/internet down, reboot and try again)

Missed Time In	Or/And	Missed Time Out
**Verified by:		**Verified by:

\*\*signatures (must be a supervisor/manager) are required before it will be processed.

**PTO Issue:** (once approved by your manager, allow two days for HR to process)

<input type="checkbox"/> Never received acknowledgement (approval/denial) <input type="checkbox"/> Received approval, but not visible in the time clock. <input type="checkbox"/> Cancel/Remove Request. <input type="checkbox"/> Need an adjustment of times submitted.	Details:
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## Job Code Issue:

Job Code:	<input type="checkbox"/> Admin-BB Hospital <input type="checkbox"/> MHT <input type="checkbox"/> RN <input type="checkbox"/> LPN
<input type="checkbox"/> Change to:	<input type="checkbox"/> OP Clinic-Laf <input type="checkbox"/> OP Clinic-New Iberia <input type="checkbox"/> OP Clinic-Crowley
<input type="checkbox"/> Not available, please add:	<input type="checkbox"/> Training/Meeting <input type="checkbox"/> Saturday-Bucket <input type="checkbox"/> Saturday-Paid

<b>Lunch:</b>	<input type="checkbox"/> Auto deducted incorrectly <input type="checkbox"/> No Lunch Taken. <b>Verified by:</b> _____
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☐ **Other:** Please provide details below.

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All adjustments must be submitted by 9:00 A.M. on the day following the end of the pay period. Questionable submissions will be forwarded back to your supervisor which may cause your request for adjustment to be untimely.

Thank you in advance for your cooperation!