Facility Name

Time Card Adjustment

Employee Name: _____ **Today's Date**: _____

Signature: _____

Date of the Adjustment: _____

Reason for Adjustment:

_____ No Lunch Break Taken _____ Forgot to Punch In/Out

_____ Orientation

Other Reason: _____

In Punch _____ AM/PM Out Punch _____ AM/PM

_____ In-Service

Start Time _____ AM/PM End Time _____ AM/PM

Approval:

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Administrator: _____ Date: _____

Entered By: _____ Date: _____