



K-Time Adjustment Form

Employee Name: _____ Date: _____

Please Print

Department: _____

This form must be completed for any adjustments made to the time clock.

- | | |
|--|-------|
| <input type="radio"/> Clock-In Adjustment | _____ |
| <input type="radio"/> Clock-Out Adjustment | _____ |
| <input type="radio"/> Sick Day | _____ |
| <input type="radio"/> Personal Day | _____ |
| <input type="radio"/> Vacation Day | _____ |
| <input type="radio"/> Other | _____ |

Reason for Adjustment: _____

Employee's Signature

Date

Supervisor's Signature

Date

Secretary Initials: _____