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Pay Period Begin Date:
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$\square$

| Employee ID Number: | $\square$ |
| :--- | :--- |



Employee Signature: $\qquad$ Date: $\qquad$ Supervisor Signature:
Date:

Use this form to make adjustments when punching in or out was missed or done incorrectly. Employee completes and signs the form and submits it to supervisor. Supervisor signs and provides a copy for the employee. Supervisor gives completed form to the employee's timekeeper who makes the adjustments in the Campus KRONOS system.

By signing this form, you are acknowledging that the information you provided is accurate. Falsifying time is considered fraud and may make you subject to disciplinary action up to and included termination of employment.

