

Current adjustment completed by: _____

Closed timesheet - Adjustment to be completed by Payroll

Executime Timesheet Adjustment Form



Employee: _____

Supervisor: _____

School / Dept: _____

Pay Period: _____

Date Submitted: _____

Day	Date	Adjusted Time Needed:		Reason for time adjustment
		In	Out	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours:				

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Please check your timesheets weekly, and if an adjustment is needed, please submit this form to your supervisor immediately. Thank you.

Please scan and email a copy to VPSTime@vernon-ct.gov