

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Current adjustment completed by: _____                   |
| <input type="checkbox"/> | 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              |      |                       |     |                            |
| <b>Total Hours:</b> |      |                       |     |                            |

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Thank you.

Please scan and email a copy to [VPSpayroll@vernon-ct.gov](mailto:VPSpayroll@vernon-ct.gov) if this adjustment is made after the pay period closes.