



NORTH VALLEY HOSPITAL DISTRICT

Time & Attendance Adjustment Request

Employee: _____
(Please Print)

Employee #: _____

Department: _____

IN PUNCH MISSED:		USE MILITARY TIME
Date of Error: _____	Correct Time In: _____	

OUT PUNCH MISSED:		USE MILITARY TIME
Date of Error: _____	Correct Time Out: _____	

Date for Adjustment: _____

Explanation for Adjustment: _____

FMLA/LOA: _____

LIGHT DUTY: _____

_____ Employee Signature	_____ Date
_____ Authorized By	_____ Date



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