

Time & Attendance Adjustment Request

(Please Print)	
Employee #:	
Department:	
IN PUNCH MISSED: Date of Error:	USE - MILITARY TIME
Correct Time In:	
OUT PUNCH MISSED: Date of Error:	USE MILITARY
Correct Time Out:	TIME —
Date for Adjustment:	
Explanation for Adjustment:	
FMLA/LOA:	
Employee Signature	Date
Authorized By	Date

North Valley Hospital District

Time & Attendance Adjustment Request

Employee:	
Employee #:(Please Print)	
Department:	
IN PUNCH MISSED: Date of Error:	USE — MILITARY
Correct Time In:	TIME
OUT PUNCH MISSED: Date of Error:	USE MILITARY TIME
Correct Time Out:	
Date for Adjustment:	
Explanation for Adjustment:	
FMLA/LOA:	
LIGHT DUTY:	
Employee Signature	Date
Authorized By	Date