SPS TIMESHEET ADJUSTMENT REQUEST FORM

EMPLOYEE NAME: _____ EMPLOYEE W#: _____
REQUEST DATE: _____ PAY PERIOD: _____

START DATE OF PAY PERIOD: _____

END DATE OF PAY PERIOD: _____

	ORIGINAL SUBMISSION					ADJUSTMENT					
DATE	START TIME	END TIME	START TIME	END TIME	CODE	START TIME	END TIME	START TIME	END TIME	CODE	REASON
WED											
THU											
FRI											
SAT											
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
MON											
TUE											

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

AGENCY APPOINTING AUTHORITY SIGNATURE: _____ DATE: _____

DBM STAFF SIGNATURE, COMPLETED BY: _____ DATE: _____