

School of Allied Health Professions
Timekeeper Authority To Modify PeopleSoft Time and Labor Timecard

Employee Name: _____ EmplID: _____

Reason for Modification (must be specific):

Date Punch Time Missed: _____

Corrected Punch-In Time: _____ Corrected Punch-Out Time: _____

Signed: _____

Employee

Date: _____

Comment Code/s to be checked by supervisor (if applicable):

- | | |
|--|--------------------------|
| Educational or other Required Training | <input type="checkbox"/> |
| Forgot to Punch In and/or Out | <input type="checkbox"/> |
| New Hire | <input type="checkbox"/> |
| Not Present as Scheduled (reported to different work location) | <input type="checkbox"/> |
| Punch Error | <input type="checkbox"/> |
| Time and Labor Record Change | <input type="checkbox"/> |
| Suspension | <input type="checkbox"/> |
| System Down | <input type="checkbox"/> |
| Tardy | <input type="checkbox"/> |
| Weather Conditions | <input type="checkbox"/> |
| Working offsite | <input type="checkbox"/> |

Signed: _____

Supervisor

Date: _____

Timekeeper:	
Date Entered: _____	Initials: _____

Employee: Complete form and submit to Supervisor for approval

Supervisor: Forward copy of signed form to Timekeeper