



26550 John R · Madison Heights · MI ·
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TIMECARD ADJUSTMENT FORM

Building Supervisors/ Department Heads/ Secretaries - Please forward this completed form to payroll. Payroll will not make the adjustment until the original signed form is received.

Employee's Name: _____

Building: _____

Reason for adjustment:

_____ Missing IN punch

_____ Missing OUT punch

_____ Lost Badge

_____ Forgot Badge

_____ Overtime - hours worked _____

_____ Other, please specify: _____

Date being adjusted: _____

Punch being added or change to: _____

Employee Signature: _____ Date: _____

Supervisor or Supervisor Designee signature: _____ Date: _____