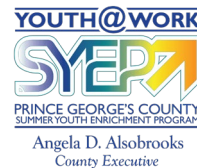


Time Sheet Adjustment Form



This form is used to report adjustments to a previously submitted time sheet. Adjusted hours will be reflected in the employee's next paycheck. Please submit the completed form to SYEP@co.pg.md.us.

SYEP Youth:	<input type="text"/>	Employee ID or SSN:	<input type="text"/>
SYEP Supervisor:	<input type="text"/>	Department:	<input type="text"/>
For Pay Period Ending:	<input type="text"/>		

Additions or Changes

Please summarize the issue (additions of changes) and the reason for the adjustment.

	Sat	Sun	Mon	Tues	Wed	Thu	Fri
Week ending:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week ending:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total **Reported Hours** for the Pay Period:

Total **Actual Hours** for the Pay Period:

Authorization

Supervisor Signature:	<input type="text"/>	Date	<input type="text"/>
SYEP Youth Signature:	<input type="text"/>	Date	<input type="text"/>