

TIMECARD CHANGE AUTHORIZATION FORM

**FOR INTERNAL DEPARTMENT USE ONLY - DO NOT FORWARD TO PAYROLL.
ISSUING DEPT MUST RETAIN FORMS/ATTACHMENTS FOR 7 YRS FOR AUDIT/COMPLIANCE PURPOSES.**

Timecard Change Authorization Form must be completed when adding or changing a punch in a CURRENT pay period. This form is NOT required for non-worked hours such as vacation, sick, holiday, etc. To adjust a PREVIOUS pay period, use a Payroll Change Form; do NOT use this form.

Employee's Name:	
Employee/Badge Number:	
Department Name:	
Reason for Adjustment:	
<input type="checkbox"/> Missing In Punch	
<input type="checkbox"/> Missing Out Punch	
<input type="checkbox"/> Wrong Badge Number Used	
<input type="checkbox"/> Other, please specify: _____	
Date Being Adjusted:	
Original Punch:	
(Leave blank if adding a new punch)	
Punch Added or Changed To:	
Employee Signature:	Date:
_____	_____
Your signature certifies that this information is accurate and complete. An email from a DCE account is accepted in lieu of employee signature.	
Supervisor Signature:	Date:
_____	_____
Your signature certifies that you have reviewed the changes above and agree that they are accurate and complete.	