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

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

AGENCY APPOINTING AUTHORITY SIGNATURE: _____ DATE: _____

DBM STAFF SIGNATURE, COMPLETED BY: _____ DATE: _____