



# UKG Workforce Ready Timesheet Authorization Form

\*\*\* A separate form must be used for each timesheet edit \*\*\*

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name MI \_\_\_\_\_ Employee ID Number

\_\_\_\_\_ Campus/Location \_\_\_\_\_ Work Schedule

The above employee has been approved for the following change(s) to their timesheet record. Please circle appropriate action(s)

Change/Add:		
Clock-in (circle one)	Clock-out _____ Date	_____ Time
Reason: _____		

Change / Add Pay Code / Absence Code to: _____		
_____ AESOP Conf #	_____ Date	_____ Time

Request to Work Overtime:	
_____ Date	_____ Amount of Time
Reason: _____	
_____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Timesheets will not be edited / changed until this form has been approved by your supervisor.

\_\_\_\_\_ Employee Signature \_\_\_\_\_ Date

\_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date