

UKG Workforce Ready

Timesheet Authorization Form

** A separate form must be used for each timesheet edit *** ***This form must be completed within three days***

Last Name	First Name	MI	Employee ID Number	
Campus/Location	Work Schedule			
The above employee has be circle appropriate action(s)	een approved for the follov	ving chang	e(s) to their timesheet recorc	. Pleas
Change/Add:				
Clock-in Clock-out (circle one)	Date		Time	
Reason:				
Change / Add Pay Code /	Absence Code to:			
AESOP Conf #	Date		Time	
Request to Work Overtim	e:			
	Date	Am	ount of Time	
Reason:				
Approved	Denied			

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

Employee Signature

Date

Supervisor's Signature