



Time Sheet Revision Form

If your time sheet needs correcting, please review the following information and complete all revisions that pertain to you. Please return this form as soon as possible but no later **than Friday morning of the current workweek**. Failure to return this information to the bookkeeper will result in a day with no pay.

1.

On _____ date, I used a ☐ full ☐ half day of the following leave:

Sick

Annual

Bonus

Professional

2. For the week of _____, I used _____ hours of compensatory time.

3. If you need your Sign-in or Sign-out time(s) corrected, please indicate the date(s) and time(s) below:

Only fill in the days that need to be corrected.

Day	Date	In	Out	In	Out
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Signature
