Summer School Time Sheet Adjustments

Summer Site: _____ **Today's Date:** _____ _____ **Send form to payroll e-mail:**

Contact Person: _____ **Phone:** _____ **Site Administrator Signature:** _____ payroll@spps.org

						Use this section to report ADDITIONAL hours		
Employee ID	**Employee Name**	**Job Title**	**Date(s) of Absent**	**Absent Reason - Sick Only (1 day avaialble per SLP Session)**	**Total Hours**	**Date**	**Total Hours Worked**	**Employee Signature**

NOTE: Employee signature is required for adjustments since this form modifies the employee's original time sheet.

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