



Summer Learning 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	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.