Payroll
Prior Pay Period
Adjustment Sheet
(to be used for Individual Staff Member)

Date: _____

Employee Name:_____
Location:_____
Program:_____
Date/ Time Missing:_____
Program Disbursement Account:_____

Please provide brief description of reason: (EX: missed clocking in/no missed attendance added)

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Attach all backup (Monitor Reports for Staff Member MUST be included) Sign In/Out sheets will not be accepted unless Staff Member did not utilize the time clock at all.

Program Supervisor/Director:_____Date:_____

Superintendent: _____Date:_____