

Total Adjustment Hours

Payroll ID:	Hours Present			Hours on Leave With Pay		
Payroll No.:	Regular	Straight OT	Prem OT	Sick	Annual	Other
Dept:		032	035	180	170	EC
Organization Code:						

Name:						EC:
UID:						
Position No.:	Suffix:					
Earnings Code:						
Total:						

Detailed Adjustment Hours

For the Pay Period Beginning: _____ Through: _____

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
Week 1 of Pay Period	(+)	(+)	(+)	(+)	(+)	(+)	(+)	
	(-)	(-)	(-)	(-)	(-)	(-)	(-)	
Week 2 of Pay Period	(+)	(+)	(+)	(+)	(+)	(+)	(+)	
	(-)	(-)	(-)	(-)	(-)	(-)	(-)	
Total:								

Earning Codes:

- 150 Holiday
- 152 Inclement Weather
- 165 Bereavement
- 230 Military Leave
- 310 Jury Duty
- 315 Voting Leave
- 420 Unpaid Leave - LWOP

I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the employee listed above.

I hereby certify that the time in attendance, hours worked, and leave time reported above is true and accurate and in compliance with provisions of the fair labor standards act and University policy and procedures. All services were performed for the benefit of this budgetary unit. All work assignments for CWSP students have been performed in a satisfactory manner.

Department Head Signature: _____ Date: _____