USNH Payroll Timecard Adjustment Form

This form is to be used by Supervisors to request adjustments to Employee timecards. This form must be signed by the Employee and Supervisor. Time must be recorded in intervals of 15 minutes and include date, punch times (including meal break punch times), # of hours, pay code, job position and suffix and the reason for the adjustment. If Payroll processing has already completed, a manual check will be generated and mailed to the address provided below. ***Print clearly, provide all the information requested below, and submit the completed form to USNH Payroll at foc.payroll@usnh.edu.***

Employee Full Name: _____ ***Employee Email/telephone:*** _____

UKG Kronos ID and/or USNH ID _____ ***Supervisor Name*** _____

Employee Mailing Address: ***Supervisor Email/telephone:***

Date	Start ime	Meal Break* Begin Time	Meal Break* End Time	End Time	# of Hours	Pay Code	Job/Position and Suffix	Reason for Adjustment
Example: 09/04/2021	***Example:*** 7:45 AM	***Example:*** 11:45 AM	***Example:*** 12:15 PM	***Example:*** 4:15 PM	***Example:*** 8	***Example:*** 131-Hourly	***Example:*** UNAS01-04	***Example:*** No UKG Access

*275:30-a Lunch or Eating Period: http://www.gencourt.state.nh.us/rsa/html/xxiii/275/275-30-a.htm

Employee Signature _____ **Date** _____

SPONSORED PROGRAM SUPERVISOR/DESIGNEE CERTIFICATION: By approving the adjustments above you certify that the claimed hours reasonably reflect the activities of this employee whom you supervise and/or for whom you have a suitable means of verification that the work was performed on the project listed.

COLLEGE WORKSTUDY SUPERVISOR/DESIGNEE CERTIFICATION: By approving the adjustments above you certify that this student has been authorized to participate in the College Work Study Program at the rate specified, that he or she has worked the hours and the work has been performed in a satisfactory manner.

ALL OTHER SUPERVISORS/DESIGNEES CERTIFICATION: By approving the adjustments above you certify that this employee has worked the hours noted above.

Supervisor Signature _____ **Date** _____

Payroll, Time and Leave Use Only

PTO accrual adjustment required ☐ UKG Entries: