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. Please fill out each field to the best of your ability.

Employee F	Full Name: —	Employee Email/telephone:						
USNH ID: Employee Mailing Address:		Supervisor Name Supervisor Email/telephone:						
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, Late Time Entry, etc
*275:30-a Lun	ch or Eating Pe	eriod: <u>http://ww</u>	w.gencourt.stat	e.nh.us/rsa/	html/xxiii/27	<mark>/5/275-30-a.</mark> h	<u>tm</u>	
his employee who COLLEGE WORKS College Work Stud	GRAM SUPERVISO om you supervise FUDY SUPERVISOI ly Program at the	and/or for whom yor R/DESIGNEE CERTIF rate specified, that	ou have a suitable mo	eans of verificat ing the adjustm I the hours and	ments above you ion that the wo ents above you the work has be	ork was performe certify that this een performed in	ed on the project list student has been au n a satisfactory mani	thorized to participate in the ner.
certify that the a	bove employee to	ook an unpaid lunch	or meal period duri	ing the times do	ocumented in co	olumns 3 and 4 c	nbove(initial):	
Supervisor Signature			Date					
Payroll, Time and Leave Use Only								

PTO accrual adjustment required

UKG Entries: