



TURNING STONE
ENTERPRISES

PAYROLL ADJUSTMENT FORM

EMPLOYEE NAME:	DATE:
EMPLOYEE NUMBER:	PAY PERIOD ENDING:
DEPARTMENT:	SUPERVISOR:

WEEK 1	START TIME	END TIME	HOURS	PTO HOURS	SICK HOURS	TOTAL HOURS
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
WEEKLY TOTALS						

WEEK 2	START TIME	END TIME	HOURS	PTO HOURS	SICK HOURS	TOTAL HOURS
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
DATE:						
WEEKLY TOTALS						

ADJUSTMENT REASON:

ALL ADJUSTMENTS WILL BE INCLUDED IN THE NEXT PAYROLL UNLESS INDICATED OTHERWISE.	
SUPERVISOR APPROVAL:	DATE: