



**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)

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: _____