



Payroll
Prior Pay Period
Adjustment Sheet
(for multiple Staff missing in Program)
One Program Per Sheet

Date: _____

Program/ID Code Name: _____

Location: _____

Program Disbursement Account: _____

List each staff member with date & hours to be paid

Name	Date	Hours	TOTAL

Attach all backup (Monitor Report for each Staff Member **MUST** be included) Sign In/Out sheets will not be accepted unless Staff Member did not utilize time clock at all.

Program Supervisor/Director: _____ Date: _____

Superintendent: _____ Date: _____