

APPENDIX A

METHODIST HEALTH SYSTEM FOUNDATION, INC.

TCPS

EMPLOYEE TIME ADJUSTMENT REQUEST

Employee Name (Print)

Employee Number

Department Number

CLOCKING INFORMATION:

Clock Code In/Out (circle one) Date _____ Time _____
Job Code _____

Clock Code In/out (circle one) Date _____ Time _____
Job Code _____

Clock Code In/Out (circle one) Date _____ Time _____
Job Code _____

Reason for Adjustment:

Employee's Signature

Date

Supervisor's Approval

Date

Should be submitted within 24 hours of occurrence