



**EMPLOYEE SHIFT ADJUSTMENT CORRECTIVE FORM**

This form is intended for the following payroll corrections:

- (1) The employee missed a clock-in or clock-out time, or is misreported.
- (2) Unable to take a break during scheduled shift.

Employee Name: \_\_\_\_\_

Supervisor on Duty: \_\_\_\_\_

Check Mark and Complete One of the Below Matters: (must include reasoning)

**Date of Occurrence:** \_\_\_\_\_

Jobsite of Occurrence: \_\_\_\_\_

Change/Missing Clock-In Time: Actual work start time: \_\_\_\_\_ AM / PM

Change/Missing Clock-Out Time: Actual work end time: \_\_\_\_\_ AM / PM

No Break Taken: Duration: \_\_\_\_\_

Other, Explain: \_\_\_\_\_

\*Reason/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Certification**

The information listed above is an accurate statement of actual time worked. All above adjustments must have an explanation in order to be approved for payment. **Must be signed by a manager and/or supervisor to be paid.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/MGR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed for every instance where the recorded time is needed to be altered with reasoning for the change. Submit this form to EES Payroll Department at payroll@eesnation.com for review and approvals. Disciplinary actions may be taken upon any dishonest or invalid information provided. Please keep a copy for your records. Thank you.