



## TIME ADJUSTMENT SHEET

Employee Name:

Client Name: \_\_\_\_\_

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Time In: \_\_\_\_:\_\_\_\_

Time Out: \_\_\_\_:\_\_\_\_

Reason: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITHIN  
24HRS OF THE TIME RECEIVED!!!!!!**