



TCP TIMESHEET ADJUSTMENT (HOURLY EMPLOYEES)

Name (Last, First)		Date	
T#		Timesheet ORG #	
Job Code (if applicable)			

Date	Day	In	Out	In	Out	In	Out	Total Work
<i>Example</i>		8:00 AM	10:00 AM	12:30 PM	2:30 PM			4.00
	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
						Week Total		
	Mon							
	Tue							
	Wed							
	Thu							
	Fri							
	Sat							
	Sun							
						Week Total		

Position #	Suffix	Fund	Org	Account	Program	Activity	Location	Hours

Employee Signature	Date	Employee Email Address

Supervisor Signature	Date	Phone Number

Completed forms should be returned to the Payroll Office **five (5) days** prior to the relevant payroll date.
If you have any questions, please contact the Payroll Office at 501-569-3136 or payroll@ualr.edu.