



TIMESHEET ADJUSTMENT (NON-EXEMPT EMPLOYEES)

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

ONLY INCLUDE TIME FOR SEGMENTS MISSING IN TCP. MUST ALSO RECORD LUNCH BREAK.

Date	Day	In	Out	In	Out	In	Out	Total Work	Leave Codes				Total Hours	
									A	S	C	Other		
<i>Example</i>		8:00 AM	10:00 AM	12:30 PM	2:30 PM			4.00	1.00	1.00	0.00	2.00	CEA	8.00
	Mon													
	Tue													
	Wed													
	Thur													
	Fri													
	Sat													
	Sun													
Week Total														
	Mon													
	Tue													
	Wed													
	Thur													
	Fri													
	Sat													
	Sun													
Week Total														

Leave Codes: Annual Leave (A), Sick Leave (S), Compensatory Time (C); Other: Child Educational Act (CEA), Jury Duty (J), Inclement Weather (IC), FMLA (FML), Catastrophic (CAT), Authorized Leave (AL) **If AL, explain:**

Position #	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 501-916-3318 or payroll@ualr.edu.