School of Allied Health Professions
Timekeeper Authority To Modify PeopleSoft Time and Labor Timecard

Employee Name: _____ EmpID: _____

Reason for Modification (must be specific):

_____

_____

Date Punch Time Missed: _____

Corrected Punch-In Time: _____ Corrected Punch-Out Time: _____

Signed: _____ Date: _____
Employee

Comment Code/s to be checked by supervisor (if applicable):

- Educational or other Required Training ☐
- Forgot to Punch In and/or Out ☐
- New Hire ☐
- Not Present as Scheduled (reported to different work location) ☐
- Punch Error ☐
- Time and Labor Record Change ☐
- Suspension ☐
- System Down ☐
- Tardy ☐
- Weather Conditions ☐
- Working offsite ☐

Signed: _____ Date: _____
Supervisor

Timekeeper:

Date Entered: _____ Initials: _____

Employee: Complete form and submit to Supervisor for approval
Supervisor: Forward copy of signed form to Timekeeper

Revised 8/30/16