

# TIME SHEET REVISION FORM

In the event that your time sheet needs correcting, please review the following information and complete all revisions that pertain to you. Please return this form to Becky Austin as soon as possible, but no later than **FRIDAY MORNING OF THE CURRENT WORKWEEK**. Failure to return this information to the bookkeeper will result in a day with no pay.

1. On 

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 I used a FULL  HALF  day of the following leave:

**SICK**

**ANNUAL**

**BONUS**

**PROFESSIONAL**

2. For the week of \_\_\_\_\_ I used \_\_\_\_\_ hours of comp time.

3. If you need your **Sign-In** or **Sign-Out** time(s) corrected, please indicate the date(s) and time(s) below:  
(ONLY FILL OUT THE DAYS THAT NEED TO BE CORRECTED)

DAY	DATE	IN	OUT	IN	OUT
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID