



TIME & ATTENDANCE CHANGE REQUEST

Name	Associate ID#
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Clock Punch Correction

Date	In	Out	In	Out
Reason				

Sick/Personal/Bereavement / Jury Duty

Sick Time
 Personal Time
 Bereavement*
 Jury Duty

Beginning Date	Ending Date	Pay Number of Hours
Relationship to Associate* (Bereavement only)		

Vacation

Beginning Date	Ending Date	Pay Number of Hours
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Adjustment Hours*

Total Number of Adjusted Hours	Current Pay Period	Previous Pay Period
Regular Hours	Sick / Personal	Vacation
		Bereavement

Travel Hours (Travel time in excess of normal commute to/from work location)

Beginning Date	Ending Date	Total Number of Travel Hours
Comments		

Signatures

Manager	Date
Associate	Date
Supervisor	Date
Entered By	

HDC-150 (06/05) DISTRIBUTION: White—Associate Copy Yellow—Computer Room Copy

REG / 24HR
12 AM = 00
1 AM = 01
2 AM = 02
3 AM = 03
4 AM = 04
5 AM = 05
6 AM = 06
7 AM = 07
8 AM = 08
9 AM = 09
10 AM = 10
11 AM = 11
12 PM = 12
1 PM = 13
2 PM = 14
3 PM = 15
4 PM = 16
5 PM = 17
6 PM = 18
7 PM = 19
8 PM = 20
9 PM = 21
10 PM = 22
11 PM = 23



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