

X-RAY ASSOCIATES

Request for Adjustment to Payroll

for the pay period _____

Date: _____

Reason for request to adjust scanned time

approved

stayed to accommodate late patients
adjustment requested: add _____

forgot to clock in upon arrival
adjustment requested: add _____

forgot to clock out upon exiting
adjustment requested: _____

unplanned leave (with HO approval)
adjustment requested: deduct _____

stayed to wait for shift coverage
adjustment requested: add _____

employee name (please print)

employee signature