



ARTICtime Student Adjustment Form

Employee Name: _____

Employee ID: _____

Department Name: _____

Position Name: _____

Pay Period Begin: _____

Pay Period End: _____

Note: Complete the form by indicating the corrections/adjustments to be made to the timesheet to ensure it is complete and accurate for the pay period. Please attach additional sheets as necessary.

Day of Week	Adjustment Types				Comments
	Time IN	Time OUT	Lunch Duration	Other	
Week 1					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Week 2					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Print Name: _____