



**south cove**  
community health center  
華人醫務中心

# Timesheet Adjustment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Site: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours							

Total Hrs: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours							

Total Hrs: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_