south cove
community health center
華人醫務中心

Timesheet Adjustment

Name: _____ Date: _____

Department: _____ Location: _____

Note: If any of the hours are paid at a different rate such as on-call hours, please make a note on that day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours - Regular							
Hours – Paid Time Off							
Hours – Overtime							
Other Hours - _____							

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours - Regular							
Hours – Paid Time Off							
Hours – Overtime							
Other Hours - _____							

Totals	Regular	
	PTO	
	OT	
	Other - _____	

Employee Signature: _____ Print Name: _____

Supervisor Signature: _____ Print Name: _____