

## USNH Payroll Timecard Adjustment Form

**This form is to be used by supervisors to request adjustments to employee timecards. This form must be signed by the employee and supervisor. Time must be recorded in intervals of 15 minutes and include date, punch times (including meal break punch times), # of hours, pay code, job position and suffix and the reason for the adjustment. If Payroll processing has already completed, a manual check will be generated and mailed to the address provided below. *Print clearly, provide all the information requested below, and submit the completed form to USNH Payroll at [foc.payroll@usnh.edu](mailto:foc.payroll@usnh.edu). Please fill out each field to the best of your ability.***

**Employee Full Name:** \_\_\_\_\_ **Employee Email/telephone:** \_\_\_\_\_  
**USNH ID:** \_\_\_\_\_ **Supervisor Name** \_\_\_\_\_  
**Employee Mailing Address:** \_\_\_\_\_ **Supervisor Email/telephone:** \_\_\_\_\_

Date	Start Time	Meal Break* Begin Time	Meal Break* End Time	End Time	# of Hours	Pay Code	Job/Position and Suffix	Reason for Adjustment
<i>Example:</i> 09/04/2021	<i>Example:</i> 7:45 AM	<i>Example:</i> 11:45 AM	<i>Example:</i> 12:15 PM	<i>Example:</i> 4:15 PM	<i>Example:</i> 8	<i>Example:</i> 131-Hourly	<i>Example:</i> UNAS01-04	<i>Example:</i> No UKG Access, Late Time Entry, etc

\*275:30-a Lunch or Eating Period: <http://www.gencourt.state.nh.us/rsa/html/xxiii/275/275-30-a.htm>

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SPONSORED PROGRAM SUPERVISOR/DESIGNEE CERTIFICATION:** By approving the adjustments above you certify that the claimed hours reasonably reflect the activities of this employee whom you supervise and/or for whom you have a suitable means of verification that the work was performed on the project listed.

**COLLEGE WORKSTUDY SUPERVISOR/DESIGNEE CERTIFICATION:** By approving the adjustments above you certify that this student has been authorized to participate in the College Work Study Program at the rate specified, that he or she has worked the hours and the work has been performed in a satisfactory manner.

**ALL OTHER SUPERVISORS/DESIGNEES CERTIFICATION:** By approving the adjustments above you certify that this employee has worked the hours noted above.

*I certify that the above employee took an unpaid lunch or meal period during the times documented in columns 3 and 4 above (initial):* \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payroll, Time and Leave Use Only**

PTO accrual adjustment required  UKG Entries: