

Cameron County

Kronos Time Sheet Adjustment Form

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_ Dept. \_\_\_\_\_

**Reason for missed punch**

- Forgot to punch in
  - Forgot to punch out
  - Error Message \_\_\_\_\_  Other: \_\_\_\_\_
- Specify

Missed Punch

Date	In	Out	In	Out

Explanation: \_\_\_\_\_

\_\_\_\_\_

ABSENCE

Date	Code	From	To	Comment

Reason

Sick Leave	020	FMLA	054
Annual Vacation Leave	030	Leave w/o pay	052
Compensatory Time (COMP)	040	Other	

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_