



Workday Time Tracking Edit/Payment Authorization

Exception checks are processed on Mondays and Wednesday of a non-pay week and Friday only of a pay week.
 Requests are due to Payroll by 11AM and will be available for pick up on the following business day.

Employee Name	Employee ID #	Employee Phone #
Department Name	Position	\$25 Exception Check Fee
		<input type="checkbox"/> CPO Attached OR <input type="checkbox"/> Deduct from Employee

Reason for Edit: <input type="checkbox"/> Forgot to Punch <input type="checkbox"/> Forgot to Enter Time off <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Add Retro Hours to Next Pay Period <input type="checkbox"/> Pay on Exception, How Distributed? <input type="checkbox"/> Printed Check OR <input type="checkbox"/> Direct Deposit to "Balance" Account <div style="text-align: right; font-size: small;">(Within 2 Business Days)</div>
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Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours	
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day					

Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours		Date	Hours	
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
IN			IN			IN			IN			IN			IN			IN		
OUT			OUT			OUT			OUT			OUT			OUT			OUT		
Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day			Total Hours for Day					

Employee Name	Employee Signature	Date:
Supervisor Name	Supervisor Signature	Date:

For Payroll Use		
<input type="checkbox"/> Time Edited <input type="checkbox"/> Load/Refresh Deduction Input <input type="checkbox"/> Review Single Medical Premium <input type="checkbox"/> Review ER Medical <input type="checkbox"/> Review 401K <input type="checkbox"/> Review ACA Hours	Payroll Staff Signature: _____ Date Entered: _____	Comments: _____