

RHODES STATE COLLEGE SUPPORT STAFF TIME ADJUSTMENT FORM

Name: Department:			Campus Extension: Employee ID #: R			
Date of Service	Extra Hours Worked	Start Time	End Time	Purpose		
Total Extra Hours Credit as follows:		Hours of Over	time Pay			
Absence:						
Begin Leave: Date			Time	e		
Return to Work: Date			Time	e		
for the purpose of:	Vacation	Hrs.				
	Sick Leave*	Hrs.		Other		
Explanation:	Sick COVID 19*	Hrs.		_eave w/out Pay	Hrs.	
*NOTE: I understand th				rd the Family and Me	dical Leave Act ann	 ıual
Approval:						
Employee Signature			Date	е		
Supervisor's Signature			Date	<u> </u>		