



**RHODES STATE COLLEGE  
SUPPORT STAFF  
TIME ADJUSTMENT FORM**

NAME: \_\_\_\_\_

CAMPUS EXTENSION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE I D #: \_\_\_\_\_

**EXTRA SERVICE:**

Date of Service	Extra Hours Worked	Time In	Time Out	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Extra Hrs.	_____			

Credit as follows: \_\_\_\_\_ Hrs. Overtime Pay

**ABSENCE:**

Begin Absence: Date \_\_\_\_\_ Time \_\_\_\_\_

Return to Work: Date \_\_\_\_\_ Time \_\_\_\_\_

☐ Vacation \_\_\_\_\_ Hrs.

☐ Without Pay \_\_\_\_\_ Hrs.

☐ Other

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**APPROVAL:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date