TIMECARD ADJUSTMENT FORM

BALL STATE UNIVERSITY.

Period Ending: _____

BSU ID Number: _____

Employee Name: _____

Position Number: _____

Fund: _____   Org: _____   Acct: _____   Prog: _____

Employee Type:

Biweekly Service Staff/Non-Exempt	Graduate Assistant	Student
Exempt	Faculty	Professional

Date	Punch Corrections				Pay Codes		Action	
	Time In	Lunch Out	Lunch In	Time Out	Type of Pay	Total Hours	Add	Subtract
1								
2								
3								
4								
5								
6								
7								
Week 2								
1								
2								
3								
4								
5								
6								
7								
					Total			

Explanation:

Employee Signature (Required): _____   Date: _____

Supervisor Signature: _____   Date: _____

Area Coordinator Signature (Required): _____   Date: _____

Department Phone Number: _____

Form B-75 Revised 06-2023