



BALL STATE UNIVERSITY.

KRONOS ADJUSTMENT FORM

Period Ending: _____

BSU ID Number: _____

Employee Name: _____

Position Number: _____

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

Employee Type:

Biweekly Service Staff/Non-Exempt
Exempt

Graduate Assistant
Faculty

Student
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: _____