



TIME CARD ADJUSTMENT FORM

Employee's Name: _____	Today's Date: _____
Zen Office (only mark one box; the office where you normally report to work.):	<input type="checkbox"/> Zen Brands International <input type="checkbox"/> Zen CA

Date that needs to be adjusted: _____

Time(s) to be adjustment: _____ (Check as many that apply for the date you listed above).

Work shift Start Time _____ AM / PM

Work shift End Time _____ AM / PM

Lunch Start Time _____ AM / PM

Lunch End Time _____ AM / PM

Comments: _____

- ✓ I understand that it is my responsibility to accurately record hours worked.
- ✓ I will refer to the Employee Handbook for details, policies, and guidelines.
- ✓ I understand that I should not falsify my timekeeping or fail to accurately record my hours.
- ✓ I understand that this information may be shared with my manager/supervisor for review.
- ✓ I understand that it is my responsibility to submit this form to the local Human Resources/Payroll office.

Employee Signature

Date

PAYROLL OFFICE

Payroll Remarks: _____

If Payroll admin needs to meet with employee's manager, document meeting notes below:

Supervisor's Name: _____ Supervisor's Signature: _____

Payroll's Name: _____ Payroll's Signature: _____

Payroll Meeting Notes: _____

Once complete, Supervisor may need to speak with employee and file record in employee's records:

Employee Meeting Notes: _____

Employee's Signature: _____ Supervisor's Signature: _____