

**HBS Bi-Weekly Exempt Timesheet Change Request Form**

**REQUESTOR INFORMATION**

<b>Name</b>	<b>Phone #</b>	<b>Email Address</b>

**EMPLOYEE INFORMATION**

<b>Employee Name</b>	<b>Employee ID #</b>	<b>Timesheet Group #</b>

**BI-WEEKLY EXEMPT TIMESHEET CHANGES**

<b>Pay Period Start Date</b>	<b>Reason</b>
<b>Pay Period End Date</b>	

Day		WEEK 1		WEEK 2	
		# of Hours	Pay Code	# of Hours	Pay Code
Sun	Original				
	Changes				
Mon	Original				
	Changes				
Tue	Original				
	Changes				
Wed	Original				
	Changes				
Thu	Original				
	Changes				
Fri	Original				
	Changes				
Sat	Original				
	Changes				

\*FMLA leave requires HR approval. See your Management Group Owner for further information.

**APPROVALS**

<b>Employee Name</b> _____	<b>Supervisor Name</b> _____
<b>Signature</b> _____	<b>Signature</b> _____
_____ Date	_____ Date

**HR ADMIN PROCESSING** *This section to be completed by the HR Admin only*

<b>HR Admin Name</b>		<b>Date TS Change Completed</b>	<b>Retro Required</b>	
				<b>Date Retro Completed</b>