

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

**REQUESTOR INFORMATION**

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

**EMPLOYEE INFORMATION**

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

**BI-WEEKLY NON-EXEMPT TIMESHEET CHANGES**

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

<b>WEEK 1</b>	<b>WEEK 2</b>
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Day		WEEK 1			WEEK 2				
		Time In (hh mm)	Time Out (hh mm)	Meal Break	Pay Code	Time In (hh mm)	Time Out (hh mm)	Meal Break	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**

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

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

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