

KRONOS ADJUSTMENT FORM

Department Phone Number:

			BSU ID Number:		Period Ending:				
BALL STATE UNIVERSITY.			Employee Name: _						
			Position Nu	ımber: _					
Fund: Org		Org:	 _	Acct:	Prog:				
	<i>pe:</i> eekly Service Sta mpt	aff/Non-Exempt	:	Graduate Faculty	Assistant	t Student Professional			
Doto	Punch Corrections				Pay Codes Type of Tatal Hauss		Action		
Date	Time In	Lunch Out	Lunch In	Time Out	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:			