

**DOVE HEALTHCARE/ORCHARD HILLS PAYROLL ADJUSTMENT FORM**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Dept: \_\_\_\_\_

*Please check the box below that applies and fill out any requested information. Sign where applicable..*

**SHORT LUNCH/NO LUNCH BREAK**

Date(s) occurred: \_\_\_\_\_

Reason: \_\_\_\_\_

Shift: AM PM NOC (Circle one)

**MISSED PUNCH**

Date(s): \_\_\_\_\_

Punch in time: \_\_\_\_\_

Punch out time: \_\_\_\_\_

**REQUESTING OVERTIME APPROVAL** (all overtime must be approved by your Supervisor)

Date of overtime shift \_\_\_\_\_ Hours worked \_\_\_\_\_

**ABSENT FROM DUTY**

No Call/No Show  Family Illness

Sick  Tardy  Left Early

Time Called: \_\_\_\_\_

Reason: \_\_\_\_\_

Action taken: \_\_\_\_\_

**SCHEDULE ADJUSTMENT**

Master  Current

From: \_\_\_\_\_

To: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**ADDRESS/PHONE NUMBER CHANGE:**

*Please indicate new address/phone # here* \_\_\_\_\_

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The following sections are for non-nursing departments only. Nursing employees, please submit PTO/Bereavement, Unpaid Day Off, Shift Replacement, or Absence Cancellation requests via Suite Scheduler.

**REQUESTING PTO or BEREAVEMENT PAY**

Date(s) requested \_\_\_\_\_

# of hrs requested \_\_\_\_\_

Reason (please check one):

Vacation  Sick  Personal Time

Holiday  Funeral  PTO Payout

**REQUESTING UNPAID DAY OFF**

Date(s) \_\_\_\_\_

Reason \_\_\_\_\_

**SHIFT REPLACEMENT** (Make copy for yourself as you will not get a return copy)

I \_\_\_\_\_ will work for \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

I \_\_\_\_\_ will work for \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

**REQUEST TO PICK-UP A SHIFT OR REQUEST FOR ABSENCE CANCELLATION**

(Make copy for yourself as you will not get a return copy)

Pick-up shift/Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_

Date (1) \_\_\_\_\_ Date (2) \_\_\_\_\_ Absence canceled \_\_\_\_\_

I authorize the payroll department and/or my supervisor to change my time sheet or required documentation to reflect the information above. Supervisor signature is required. In addition, nursing department employees will need additional approval from either the Director of Nursing or the Nursing Resource Manager for all time off requests or schedule changes.

\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_  
Second Employee Signature (for shift trade)

\_\_\_\_\_  
Supervisor Signature / Date

APPROVED/DISAPPROVED/REVIEWED \_\_\_\_\_

