



# MHM Services, Inc.

## Time Keeping/Exception Form

Employee Name:	Date:
Kronos Badge #:	Facility:

<b>TIMEKEEPING ADJUSTMENT</b>	No edits will be made to KRONOS without Supervisor approval
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Missed Punch	Date:	Time:		
Worked Thru Lunch	Date:			
Meeting On-Site (detail in comments)	# of Hours:	Date:		
Meeting Off-Site (detail in comments)	# of Hours:	Date:		
Training On-Site	Date:	Start Time:	End Time:	
Training Off-Site	Date:	Location:	Start Time:	End Time:
Peer Review	Facility:			
Holiday Worked:	Deferred Holiday Date:			
CEU Days Off	Date(s):			
Intermittent FMLA	Date(s):			
Bereavement	Specify Date(s):			
Jury Duty	Specify Date(s):			

<b>SCHEDULE CHANGE</b>	Mark days worked and hours each day					
Effective Date:	Hours Per Week:					
SUNDAY:	MONDAY:	TUESDAY:	WEDNESDAY:	THURSDAY:	FRIDAY:	SATURDAY:

<b>PAID TIME OFF REQUEST</b>	Please list all days and # of hours requesting off from work		
Date(s):			
PLANNED PDO/PTO HOURS:	UNPLANNED PDO/PTO HOURS:	SICK HOURS:	VACATION HOURS (CA ONLY):

<b>COMMENTS</b>	Please enter details regarding Timekeeping Adjustment request
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Employee Signature	Supervisor Approval:	Date
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