



# WHITE MOUNTAIN APACHE FIRE & RESCUE

## HOURLY ADJUSTMENT FORM

EMPLOYEE NAME:	SHIFT:	EMPLOYEE #:	DATE:	PAY PERIOD:
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Exception Type (see below reasons)	Reason for Excessive / Negative Hours Earned	Date	No. of Hrs. (+/-)	Approving Supervisor Signature
<b>TOTAL of Employee Hours Being Reported:</b>				

<b>Reason for Unpaid Leave:</b> (Please provide the appropriate reason.)
<b>Reason for Leave with Pay:</b> (Please provide the appropriate reason.)

**I acknowledge that the hours I have reported as well as any supporting certifications are true and correct.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Exception Types:**

<ul style="list-style-type: none"> <li>➤ Shift Coverage</li> <li>➤ Training/Meeting (Mandatory)</li> <li>➤ Emergency Stand-by</li> <li>➤ Hold Over (Non-Emergency)</li> <li>➤ Late Call</li> <li>➤ Leave with Pay</li> <li>➤ Leave without Pay</li> <li>➤ Event/Project (Paid)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Annual Leave</li> <li>➤ Sick Leave</li> <li>➤ Bereavement Leave</li> <li>➤ Educational Leave</li> <li>➤ Military Leave</li> <li>➤ FMLA Leave</li> <li>➤ Jury Duty</li> <li>➤ Compensatory Time</li> </ul>	<ul style="list-style-type: none"> <li>➤ Holiday Accrual Leave</li> <li>➤ Chairman Administrative Day</li> <li>➤ Federal Holiday</li> <li>➤ Tribal Holiday</li> <li>➤ Voting Leave</li> <li>➤ Other: _____</li> </ul>
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