



ColorVision Time Adjustment Form

Associate Name: _____

Date: _____

Time Work Started: _____ : _____ AM PM

Time Out For Lunch: _____ : _____ AM PM

Time In From Lunch: _____ : _____ AM PM

Time Work Finished: _____ : _____ AM PM

No Lunch Hour

Reason for Time Adjustment:

Counter Team Clock-Out Time:

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday

Associate Signature: _____

Supervisor Approval: _____