U-HAUL® MANUAL TIME CARD CHANGE FORM

This form is to be completed by the System member for any Time Card changes or corrections. This form should be signed by the System member and their direct supervisor before any changes or corrections are made.

SMID: _____

SYSTEM MEMBER NAME: _____

COMPANY/DEPARTMENT: _____

REASON FOR CHANGE:

☐ System Down
☐ Forgot to Swipe
☐ Other (Please Explain) _____

Please specify which day(s) of the week need(s) to be corrected:

FOR WEEK ENDING: _____

ORIGINAL TIME SWIPED:

	DATE	IN	OUT	IN	OUT	IN	OUT
MONDAY	(_____)						
TUESDAY	(_____)						
WEDNESDAY	(_____)						
THURSDAY	(_____)						
FRIDAY	(_____)						
SATURDAY	(_____)						
SUNDAY	(_____)						

SHOULD BE (REQUESTED CHANGE):

	DATE	IN	OUT	IN	OUT	IN	OUT
MONDAY	(_____)						
TUESDAY	(_____)						
WEDNESDAY	(_____)						
THURSDAY	(_____)						
FRIDAY	(_____)						
SATURDAY	(_____)						
SUNDAY	(_____)						

SYSTEM MEMBER'S SIGNATURE _____ DATE _____

MANAGER'S APPROVAL _____ DATE _____

MANUAL CHANGE MADE BY _____ DATE _____

(Attach this completed form to the signed Time Card)