Kennesaw State University

ACA Time Adjustments

To take advantage of auto-calculating fields please fill out this form electronically. Save the file to your computer before use. For best results use the most current version of Adobe Acrobat or Adobe Reader on both PC and Mac.

Payroll Use Only

ADP ID (Payroll Use Only)

Pay Group (Payroll Use) | **Record # (Payroll Use)**

☐ eTIME ☐ Current PPD ☐ Previous PPD

Full Legal Name (required) PLEASE PRINT LEGIBLY

Department (required) | **Department ID** | **Month** | **Year**

Record the number of hours to be adjusted for each day of the month. The total number of hours will be calculated automatically. ACA Adjustment forms are pay period (month) specific. Please fill out one for each month necessary.

Scan and email the completed form (including physical signatures) to payroll@kennesaw.edu.

1st	2nd	3rd	4th	5th	6th	7th
8th	**9th**	**10th**	**11th**	**12th**	**13th**	**14th**
15th	**16th**	**17th**	**18th**	**19th**	**20th**	**21st**
22nd	**23rd**	**24th**	**25th**	**26th**	**27th**	**28th**
29th	**30th**	**31st**				

Total Hours 0.00

By signing below, I certify that the above information is a true statement of the hours worked in the month indicated.

Employee Signature | Date

Approval Signature | Date

This field is REQUIRED →

Approver Name and Contact Info (phone or email) PLEASE PRINT LEGIBLY

Email completed timesheet to: payroll@kennesaw.edu

Updated forms and calendars may be found on our website: http://payroll.kennesaw.edu/forms.php

Reset Form 20160708