

**New World Dance Academy
Time Adjustment Request Form (TARF)**

EMPLOYEE NAME: _____

POSITION: _____

Circle One: Desk Hours Teacher Hours

Date of Correction: _____

Time In: _____

Time Out: _____

Total Hours: _____. (If more than 4 hours 59 minutes, 30 min lunch break is required)

Additional Job Description (if hourly rate adjustment needed): _____

Signature: _____ . Today's Date: _____

Corrected by Payroll Staff: _____
Signature Date