

Tip Adjustment Form

Site # / Name: _____

Employee Name: _____

Employee #: _____

Period End Date	Incorrect Tips Entered	Tips Should Be
TOTAL:		

I declare that the above adjustment(s) to my previously entered tip dollar(s) is correct. I understand that it is my responsibility to accurately claim 100% of all tips I earn.

Employee
Signature: _____

Manager
Signature: _____

PAYROLL USE ONLY:

TOTAL TIPS CLAIMED: _____

TOTAL TIPS S/B: _____

TOTAL ADJUSTMENT: _____ Pay Date: _____

Payroll Signature: _____