

HINDS COUNTY SCHOOL DISTRICT

TIME CLOCK CHANGE REQUEST FORM

Please note: Incomplete forms will be returned

Employee's name:

Date to be changed:

Clock in time:

(The time you should have clocked in)

AM

PM

Clock out lunch:

(The time you should have clocked out)

AM

PM

Clock in lunch:

(The time you should have clocked in)

AM

PM

Clock out time:

(The time you should have clocked out)

AM

PM

Reason for change request:

_____ **Clock was not working**

_____ **Forgot**

_____ **Other**

Employee Signature

Date

Principal/Supervisor
Signature

Date

Change Completed By
Attendance Clerk
Signature

Date

FORM MUST BE SUBMITTED TO BUSINESS OFFICE - ATTN: BEVERLY HAY