TIME CLOCK CHANGE REQUEST FORM

***Please note: Incomplete forms will be returned***

Employee’s name: _____________________________________________

Date to be changed: ___________________________________________

Clock in time: ________________________________________________ AM _____ PM _____
(The time you should have clocked in)

Clock out lunch: ______________________________________________ AM _____ PM _____
(The time you should have clocked out)

Clock in lunch: ________________________________________________ AM _____ PM _____
(The time you should have clocked in)

Clock out time: ________________________________________________ AM _____ PM _____
(The time you should have clocked out)

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