

# Elkin Middle School



## TIME ADJUSTMENT FORM

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Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Date of Error: \_\_\_\_\_

Reason: (Please check one and complete information)

I failed to sign in when I arrived at work. Please change my time from \_\_\_\_\_ to \_\_\_\_\_.

I forgot to clock out when I left at the end of the day. I left at \_\_\_\_\_ Please adjust my clock out time.

I forgot to clock out when I went to lunch. I left at \_\_\_\_\_ and returned at \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Changes Made \_\_\_\_\_

Date \_\_\_\_\_