



Edinburg Consolidated Independent School District
Payroll Department



Time Clock Plus Edit Form

Employee must complete all the information below:

Employee Information:

Name: _____ Employee ID: _____

Campus/Department: _____ Monthly Bi-Weekly

	Date	In	Out	In	Out	In	Out	Edit Reason
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

If time is needed to complete the required work hours for the day (initial one):

Reduce hours from available:

Comp Time: _____ State Personal Leave: _____ Non-Paid Leave: _____

Local Leave: _____ Other: _____

If extra time worked (initial one): Transfer to Comp Time: _____

Pay Additional Hours: _____

Employee is required to obtain supervisor approval below before submitting for processing

Employee Signature _____ Date: _____

Supervisor Name (please print) _____

Supervisor Signature Approval: _____ Date: _____