



TIME CLOCK CORRECTION

Name: _____

(Name as shown on JR3)

AUTHORIZATION FORM

Position: _____

Campus: _____ Date: _____

IMPORTANT NOTICE

- Time clock correction forms must be turned in within the week of the needed adjustment. Correction forms received beyond the required timeline are subject to the discretion of authorized approver and may affect your pay.
- Corrections will not be made without a signed authorization form.

PROCESS

- Completely and accurately complete time clock correction authorization form.

DATE	TIME THAT APPEARS IN TIME CLOCK		ADJUSTMENTS TO BE MADE			
	IN	OUT	IN	OUT	CODE	REASON

REASONS

- 01 = Forgot
 02 = Time Clock server down
 03 = Other, (if you are using this code for leave, please indicate leave type)

By signing below I am indicating an error has been made on my time clock report and I am giving my consent for Gateway Charter Academy to make the correction listed above.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____