



San Benito C.I.S.D  
 240 N. Crockett Street  
 San Benito, TX 78586  
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## TIME ADJUSTMENT FORM

Employee: \_\_\_\_\_  
Employee Name (Printed) Employee I.D.

Campus/Department: \_\_\_\_\_

### Time Card Adjustment

Date	CLOCK IN	CLOCK OUT	CLOCK IN	CLOCK OUT	REASON FOR ADJUSTMENT:

### Time Off Adjustment

Date	Leave Type (State, CONV, Off Contract...etc.)	Reason for Leave Adjustment:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_