

SAN BENITO C.I.S.D
ADMINISTRATION BUILDING
TIME CARD ADJUSTMENT FORM

EMPLOYEE NAME _____

SS # _____

DEPARTMENT ASSIGNMENT _____

TIME CARD # _____

REASON FOR ADJUSTMENT:

(CHECK ONE)

_____ DID NOT CLOCK IN

_____ DID NOT CLOCK OUT

_____ SYSTEM DOWN

DATE OF ADJUSTMENT:

DATE _____

CLOCK IN _____

CLOCK OUT _____

CLOCK IN _____

CLOCK OUT _____

SIGNATURE

APPROVED BY

(EMPLOYEE)

(SUPERVISOR)

COMPLETE THIS FORM THE SAME DAY OF THE ABSENCE OR CORRECTION AND TURN INTO THE BUSINESS OFFICE AS SOON AS SIGNATURES ARE COMPLETE.