

TIME CLOCK ADJUSTMENT FORM



NEW CANEY ISD

Emp ID # _____ Employee Name _____ Pay Date _____

Dept _____ Campus/Location _____ Week Ending Date _____

Note: Use one form per employee per week

Missed Punch Information Be sure to select AM or PM	Missed Punch Reason/Comments Example: Forgot to clock in	Employee Signature	Job Code	Entered By	Entered Date
Date _____ Time In <input type="text"/> AM PM Time out <input type="text"/> AM PM	_____ _____ _____	I certify this adjustment to be an accurate correction to my hours worked. _____ Signature _____ Date _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Date _____ Time In <input type="text"/> AM PM Time out <input type="text"/> AM PM	_____ _____ _____	I certify this adjustment to be an accurate correction to my hours worked. _____ Signature _____ Date _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Date _____ Time In <input type="text"/> AM PM Time out <input type="text"/> AM PM	_____ _____ _____	I certify this adjustment to be an accurate correction to my hours worked. _____ Signature _____ Date _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Date _____ Time In <input type="text"/> AM PM Time out <input type="text"/> AM PM	_____ _____ _____	I certify this adjustment to be an accurate correction to my hours worked. _____ Signature _____ Date _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Date _____ Time In <input type="text"/> AM PM Time out <input type="text"/> AM PM	_____ _____ _____	I certify this adjustment to be an accurate correction to my hours worked. _____ Signature _____ Date _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

Supervisor/Manager Approval _____
 I certify all adjustments listed are an accurate correction to the hours worked by the employee. Date _____

Administrator/Director Approval _____
 I certify all adjustments listed are an accurate correction to the hours worked by the employee. Date _____