

Elkin High School



TIME ADJUSTMENT FORM

Name: _____

Employee ID #: _____

Date of Error: _____

Reason: (Please check one and complete information)

I failed to sign in when I arrived at work. Please change my time from _____ to _____.

I forgot to clock out when I left at the end of the day. I left at _____ Please adjust my clock out time.

I forgot to clock out when I went to lunch. I left at _____ and returned at _____

Other: _____

Employee Signature

Date

Supervisor Signature

Date

Changes Made _____

Date _____