

Newton ISD
Time Clock Adjustment Form

Employee Name: _____ ID # _____

Department: _____

Date of Adjustment to be made: _____

Type of Adjustment to be made:

Time _____ Punch In for Day

Time _____ Punch Out for Lunch

Time _____ Punch In for Lunch

Time _____ Punch Out for Day

_____ No Lunch Break taken

Reason for Adjustment: _____

Time clock adjustment: _____ approved _____ not approved

Supervisor Signature: _____ Date: _____

Comments: _____

I acknowledge by signing below that I understand that I am required to punch in at the start of my shift, out at lunch, back in at return from lunch and out at the end of my shift at the time clock indicating actual hours worked. Not punching in/out as required may result in disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Please send completed form to the Business Office.