

TIME CLOCK CHANGE REQUEST FORM

*****Please note: Incomplete forms will be returned*****

Employee's name: _____

Date to be changed: _____

Clock in time: _____ a.m. ____ p.m.
(The time you should have clocked in)

Clock out time: _____ a.m. ____ p.m.
(The time you should have clocked out)

Reason for change request:

Clock was not working _____

Forgot _____

Other _____

Date

Employee Signature

Date

Principal / Supervisor Signature

Date Completed

Change Administrator Signature