

**JOAQUIN ISD
TIMECLOCK SYSTEM**

9/26/2017

TIME ADJUSTMENTS or VERIFICATION OF HOURS

Form Instructions:

1. Complete and submit to supervisor's office
2. Do not make verbal or email request for time clock changes
3. No changes to times or approval for different hours without form
4. Payroll uses hours from actual clock punches & supervisor authorized adjustments
5. Only request submitted within 5 days of questioned time will be considered

Employee Name	Campus/Department
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TIME ADJUSTMENT REQUEST - - -

Date & Day of Week to be Adjusted:	/ / M, Tu, W, Th, F, Sa, Su
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CORRECT TIME-ADJUST CLOCK TO

Clock-In Time---Beginning of Day	a.m/p.m.
Clock-Out Time---Start Lunch	a.m/p.m.
Clock-In Time---End Lunch	a.m/p.m.
Clock-Out Time---End of Day	a.m/p.m.

(Complete only boxes requesting adjustment)

TIME VERIFICATION-----

Date & Day of Week to be Verified:	/ / M, Tu, W, Th, F, Sa, Su
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TIME ON CLOCK-TO BE VERIFIED

Clock-In Time---Beginning of Day	a.m/p.m.
Clock-Out Time---Start Lunch	a.m/p.m.
Clock-In Time---End Lunch	a.m/p.m.
Clock-Out Time---End of Day	a.m/p.m.

(Complete only boxes requesting verification)

REASON FOR REQUEST:

(Explain why time clock needs adjusted or differs from normal schedule)

Employee Signature:	Date Submitted
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Supervisor Signature	Date Approved
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