

Request for Time Adjustment Form



Employee Name (Print Name) _____

Date (MM/DD/YYYY) _____ Job Assignment _____

	Incorrect Time	Correct Time
Date _____		
Time to be entered for Clocking In	Hour _____ Minute _____	Hour _____ Minute (am/pm)
Time to be entered for Clocking Out	Hour _____ Minute _____	Hour _____ Minute (am/pm)

	Incorrect Time	Correct Time
Date _____		
Time to be entered for Clocking In	Hour _____ Minute _____	Hour _____ Minute (am/pm)
Time to be entered for Clocking Out	Hour _____ Minute _____	Hour _____ Minute (am/pm)

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Reason(s) for not clocking in/out _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

For Office Use Only

Date Keyed	Initials

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