Marlin Independent School District

Manual Timeclock Change Form

Employee: _____ **Employee #** _____

Campus: _____ **Position:** _____

Fill in the date, clock in/out time that was missed, reason, and initials.

Date	Time In	Otherwise		Time Out	Reason	Employee Initials
		Out	In			

I hereby certify that to the best of my information, knowledge, and belief, the above time is correct.

_____ _____

Principal / Supervisor Signature **Date**