

Kilgore Independent School District
Request for Time Adjustment

Employee Name: _____

Employee Number: (last 4 digits of Social Security #) _____

Campus/Department: _____

Date of Requested Change: _____

Select one of the following:

Request:

1 Time Clock down (district wide)

Arrival time: _____Hr _____Min *Departure* _____Hr _____Min

Note: **Record actual time of arrival or departure. (If you arrive late or leave early, record the appropriate hour and minutes.)**
Not the required work hours of 7:30 am to 4:30 pm.

Paraprofessional Employees ONLY

2 Cancel Automatic Lunch Deduction:

_____Hr _____Min

Reason: _____
*Reminder you must have prior approval from Principal or Director
(Only applies to Para-Professional employees)*

**3 Extra Hours In _____Hr____Min Out ____Hr ____Min
(Hours worked not on official Time Clock)**

Reason: _____

Project: _____

*(Reminder must have prior approval from Principal, Supervisor or Director)
(Only applies to Para-Professional employees)*

**Reminder: Kilgore ISD uses an automated time and attendance system.
All employees are required to use the system to ensure accurate records. It is your responsibility to use the system as instructed. Failure to utilize the system may result in loss of wages.**

*Personal errands are not KISD responsibility and should not be paid as part of your salary.
If you leave campus for personal errands, doctor appointments, etc.
during the middle of the day you must clock out when you leave,
and the upon your return, clock back in.*

Employee signature

Date

Supervisor/Director Approval

Date

These forms must be compiled for each school year and turned into the business office at the end of the year. They will be maintained for a minimum five years.