

DISD TIME DETAIL AUTHORIZATION CHANGE FORM

This form is to be submitted on a weekly basis to your Supervisor

DISD Employee: _____
Employee Name (Printed) _____ Employee ID # _____

Campus/Department: _____

Regular Work Time Correction

Date	Clock – IN	Clock – OUT	Cancel Lunch Deduction (Y or N)	Reason for Edit

Extra Duty/Summer School Time Correction

Date	Clock – IN	Clock – OUT	Campus	Work Assignment

Request for Leave

Date	Leave Type (District Business, Sick, Personal, Vacation)	Reason for Leave

I authorize the above changes to my time and attendance records.

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____