



# WESLACO ISD

Dr. Richard Rivera  
Superintendent of Schools

319 West 4th Street | Weslaco, TX 78596 | (956) 969-6500



EMPLOYEE ID #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
(print) (print)

DATE REQUESTING TO BE CHANGED: \_\_\_\_\_

CLOCK-IN TIME: \_\_\_\_\_ AM PM

CLOCK-OUT TIME: \_\_\_\_\_ AM PM

(\*The time that you should have clocked in | out.)

**REASON FOR CHANGE REQUEST (check one):**

TimeClock NOT WORKING:

FORGOT:

OTHER:

**SPECIFIED REASON:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CAMPUS | DEPARTMENT ADMINISTRATOR

\_\_\_\_\_  
DATE

**(for office use only)**

date received: \_\_\_\_\_

processed by: \_\_\_\_\_  
(print)

date processed: \_\_\_\_\_

signature: \_\_\_\_\_