

ELGIN ISD

TIME CLOCK CHANGE REQUEST FORM

\*\*\*Please note incomplete forms will be returned\*\*\*

Employee's name: \_\_\_\_\_

Date to be changed: \_\_\_\_\_

Clock in time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
(the time you should have clocked in)

Clock out lunch: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
(the time you should have clocked out)

Clock in lunch: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
(the time you should have clocked in)

Clock out time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
(the time you should have clocked out)

Reason for change request:

\_\_\_\_\_ Clock was not working

\_\_\_\_\_ Forgot

\_\_\_\_\_ Other: \_\_\_\_\_

Explain reason for adjustment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Change completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_