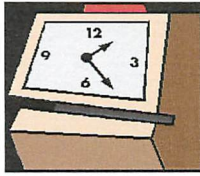


TACS Corrections



Name _____

TACS ID or SS # _____

Date of Correction: _____

Beginning Time: _____

Ending Time: _____

Absence:

Date: _____

Reason: _____

Hours: _____

Comments: _____

Employee Signature: _____

Supervisor Signature: _____

Date: _____