



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: _____

Weslaco ISD does not discriminate on the basis of race, religion, color, national origin, age, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; section 504 of the Rehabilitation Act of 1973, as amended.

Revised 1/23/2025 ic