



Time Clock Adjustment Form

This form must be submitted to a principal/supervisor for any changes to be made effective.

Name: _____ Employee #: _____

Job Location: _____

Reason for Adjustment:

- MISSING PUNCH(es):
 - Date of Missed Punch: _____ Time of Missed Punch: _____
 - Date of Missed Punch: _____ Time of Missed Punch: _____

- WORKED THROUGH LUNCH:
 - Date: _____
 - Date: _____

- REMOVE DUPLICATE PUNCH(es):
 - Date of Duplicate Punch: _____ Time of Duplicate Punch: _____
 - Date of Duplicate Punch: _____ Time of Duplicate Punch: _____

- FAILURE TO REPORT ABSENCE in Frontline:
 - Date Not Reported: _____

Comments: _____

Employee Signature: _____ Date: _____

Secretary/Bookkeeper: _____ Date: _____

Principal/Supervisor: _____ Date: _____