Time Clock Adjustment Request

Employee Information

Employee Name: _____

Supervisor Name: _____

School Name: _____

Date Filled Out: _____ Date of Adjustment: _____

Time to be Adjusted: From: _____ To: _____

Purpose for Adjustment:

☐ I was required to provide assistance and needed to work through my 30 minute duty-free lunch for the following reason:

_____

_____

☐ Other:

_____

_____

_____

Employee Signature *Date*

Manager Approval

☐ Approved

☐ Not Approved

Comments:

_____

_____

_____

_____

Supervisor Signature *Date*

Original to Principal
Copy to Employee