

# Plattsmouth Community Schools Employee Request to Adjust Time Card

Please make the following adjustment to my timecard. The signatures below are verification that this is a legitimate and true correction to the time worked on the date noted below.

Employee Name \_\_\_\_\_

Date to Adjust: \_\_\_\_\_

Type of Correction:

Missed punch (provide time that needs to be entered on time card). \_\_\_\_\_

No lunch break (please provide explanation) \_\_\_\_\_

Other (please provide details) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

Please note: It is the employee's responsibility to personally deliver this form to the Human Resource Department at the Plattsmouth Schools Administration Center after proper signatures have been obtained and within 48 hours of the date of correction.