



San Benito CISD Security Services
Time Clock Adjustment / Reason For Overtime Form



Date of Adjustment: _____

Employee Name: _____ Employee # _____ Pin # _____

Adjustment / Overtime			
Time In _____ AM / PM	<u>Giving False Information Are Grounds For Termination .</u>	Time In _____ AM / PM	
Time Out _____ AM / PM		Time Out _____ AM / PM	
Time In _____ AM / PM		Time In _____ AM / PM	
Time Out _____ AM / PM		Time Out _____ AM / PM	

Reason for Adjustment			
Athletics Event	Cover Shift	Campus Event	Overtime
☐	☐	☐	☐
Did not Clock In / Out			Other _____

Comments: _____ Approving Supervisor: _____

The above is true and correct to the best of my knowledge.

Employee Signature: _____ Unit # _____ Date: _____

Office Use Only		
Date Received: _____	Date Entered: _____	Entered By: _____
Note _____		

*** All overtime Hrs. must be pre-approved by a Supervisor.***



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