

# Jacksonville Independent School District Request for Time Adjustment

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

Campus/ Department \_\_\_\_\_

Date Time Adjustments applies to: \_\_\_\_\_

**Description of change needed and reason for the change: (ie. Forgot to clock in or out / why?)**

**Example 1:** I forgot to punch in because I was running late and went right to work - I arrived at 8:15am **Example 2:** I forgot my badge at home - I arrived at 7:30 **Example 3:** I got sick and left work without punching - left at 1:20


All information required

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

\_\_\_\_\_  
Supervisors Approval Date

**Administrative Use Only:**

Change Required:

Add Punch

Delete Punch

Change Punch

Edit Punch

Correction Made by: \_\_\_\_\_

Date: \_\_\_\_\_

*These forms shall be maintained at the campus or department and sent to the payroll department at the end of each school year.*