

TIME CLOCK CHANGE REQUEST FORM

Employee's name: _____

Date to be changed: _____

Clock in time: _____ a.m. ____ p.m.

Clock out time: _____ a.m. ____ p.m.

Reason for change of request:

Clock not working: _____

Office was locked: _____

Forgot: _____

Other: _____

Date

Employee Printed Name

Employee Signature

Date

Principal/Director Signature

Date Completed

Principal/Director/Secretary