

MANUAL TIME KEEPING ADJUSTMENTS

Employee Number _____

Name _____
(Please Print)

I need to request the following correction to my time for the following date:

Date _____

Please explain the reason for this change _____

Original Punch _____ To be changed to _____

I certify that the above statements are true, and are a correct statement of time furnished for the Scott County Schools.

Signature _____

Supervisor _____

This document must be filled out and signed before any manual adjustment can be made to your time.

This will be retained in our files for five years.

Revised December 2007