



Point Isabel I.S.D.

TIMESHEET ADJUSTMENT FORM

EMPLOYEE NAME \_\_\_\_\_

ID #: \_\_\_\_\_

CAMPUS/DEPARTMENT \_\_\_\_\_

DATE OF ADJUSTMENT:

DATE \_\_\_\_\_

REASON FOR ADJUSTMENT:

(CHECK ONE)

DID NOT CLOCK IN

CLOCK IN (Beg. Of day)

DID NOT CLOCK OUT

CLOCK OUT (Out to Lunch)

OFF-SITE PROFESSIONAL DEVELOPMENT

CLOCK IN (In from Lunch)

CLOCK OUT (End of Day)

SIGNATURE

APPROVED BY

\_\_\_\_\_  
(EMPLOYEE)

\_\_\_\_\_  
(SUPERVISOR)

BY SIGNING THIS FORM YOU AGREE THAT THE ADJUSTMENT IS TRUE AND NECESSARY FOR THE EMPLOYMENT DUTIES RELATED TO YOUR WORK SCHEDULE. THE ADJUSTED TIME STATED ABOVE IS A TRUE REPRESENTATION.

FOR OFFICE USE ONLY

DATE CORRECTED \_\_\_\_/\_\_\_\_/\_\_\_\_

INITIAL \_\_\_\_\_