



FABENS HIGH SCHOOL TIME CARD CORRECTION FORM

Employee Name: _____ Date of Request: _____

Time Worked Change / Missing Swipe

Complete below for the day that the time card requires adjustment or time added

Date	START Time	Out Lunch	In Lunch	END Time	Edit Reason

Edit Reasons: Clock Malfunction, Clock Not Accessible, Forgot Badge at Home, Forgot to Swipe In/Out, Inclement Weather

Time Missed (or Absence Change)

Complete below for an after the fact absence request or change (check the appropriate box for the reason)

Date of Absence	Hours Absent	Absence Reason	Delete	Add	Change	Edit Reason
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the hours worked / missed are complete, true and correct. By signing below, I certify that all hours worked for Fabens High School have been reported.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Entered By: _____ Date: _____