

**Peach County Board of Education**

**Time Punch Adjustment**

*Please complete the information below if you need an adjustment made to the time that you clocked in or out. These forms are only to be used in the case of an emergency and will not be used as a means of clocking you in and out on a regular basis. The time clock must be used on a daily basis by ALL employees*

***Please Print Clearly***

*Faculty/Staff Name:* \_\_\_\_\_

*Location/Department:* \_\_\_\_\_

*Please make corrections to the following date:* \_\_\_\_\_

*Time in:* \_\_\_\_\_ *Time out:* \_\_\_\_\_ *Lunch out:* \_\_\_\_\_ *Lunch in:* \_\_\_\_\_

*Reason change is necessary:* \_\_\_\_\_

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*Principal/Supervisor must review and approve your request before any adjustments are made.*

*Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Principal/Supervisor Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***Please submit completed forms to the bookkeeper at your location.***