

West I.S.D.



Time Sheet Adjustment Form

This form should be used to request a change to an hourly employee's time due to a mistake or failure to clock in or out. It is the employee's responsibility to utilize the school district time management system. The adjustment is subject to the actions listed in order at the bottom of this sheet.

Employee: _____ **Campus:** _____

Date: _____

Date of Adjustment: _____

Time In: _____ **Time Out:** _____ **Time In:** _____ **Time Out:** _____

Time In: _____ **Time Out:** _____ **Time In:** _____ **Time Out:** _____

DETAILED EXPLANATION FOR ADJUSTMENT

EMPLOYEE SIGNATURE: _____ **DATE:** _____

1. Employee will be given a verbal warning.
2. Employee will be written up for not following procedures and it will be put in their file.
3. Employee can be sent home without pay for the amount of time that they were not signed in correctly and can include termination.
4. Employee will be disciplined up to and including immediate termination.

Campus Admin. Signature: _____ **DATE:** _____