

MEADE SCHOOL DISTRICT 46-1 AFFIDAVIT
REQUEST FOR TIME CLOCK ADJUSTMENT

Print Name: _____

Reason for request:

The adjustment to be made for date: _____

Missed Punch: ___ In _____ Out _____

From Incorrect time _____

To Correct time _____

Employee Signature _____

Date _____

Administrator Approval _____

Date: _____