



# Central Consolidated School District

## Time-Keeping Adjustment Form

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Date to be corrected	Time Correction		Leave Code	Leave Taken	
				Date(s)	Hours
Correct Time In	_____	AM PM	Professional	_____	_____
Out to Lunch	_____	AM PM	Paid	_____	_____
Back from Lunch	_____	AM PM	Personal	_____	_____
Correct Time Out	_____	AM PM	Sick	_____	_____
			Vacation	_____	_____
			_____	_____	_____

Comments/Exceptions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Editor's Initials \_\_\_\_\_