

DURHAM PUBLIC SCHOOLS COMMUNITY EDUCATION 'TACS' TIME ADJUSTMENT FORM

Employee Name: _____

Week of: _____

Date: _____	Incorrect Time		Correct Time
Time to be entered for Clocking In	Hour _____ Minute _____		Hour _____ Minute _____
Time to be entered for Clocking Out	Hour _____ Minute _____		Hour _____ Minute _____
Please make your selection from the Drop Down list:	_____		
Date: _____	Incorrect Time		Correct Time
Time to be entered for Clocking In	Hour _____ Minute _____		Hour _____ Minute _____
Time to be entered for Clocking Out	Hour _____ Minute _____		Hour _____ Minute _____
Please make your selection from the Drop Down list:	_____		
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Please make your selection from the Drop Down list:	_____		
Date: _____	Incorrect Time		Correct Time
Time to be entered for Clocking In	Hour _____ Minute _____		Hour _____ Minute _____
Time to be entered for Clocking Out	Hour _____ Minute _____		Hour _____ Minute _____
Please make your selection from the Drop Down list:	_____		

Please select your Site from the Drop Down List:

Employee Signature _____

Date: _____

Supervisor Signature _____

Date: _____



For Office Use Only: _____

Date Keyed: _____

Initials: _____