

# Sharyland Independent School District True Time Adjustment Form

Employee Name: \_\_\_\_\_ Work Week: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 Last Four SS #: \_\_\_\_\_ Month/Day/Year Month/Day/Year

Date of Transaction	Type of Correction Required Add/ Delete/Change	Clock Code Added/ Deleted or Changed	Reason for Manual Time Correction	
MM/DD/YY  Monday	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Absent	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises <input type="checkbox"/> Comp Hours Used _____	<input type="checkbox"/> Forgot to Clock in/out at _____ : AM/PM <input type="checkbox"/> Forgot to Clock in/out at _____ : AM/PM <input type="checkbox"/> Forgot to Leave/Return to Premises at _____ : AM/PM <input type="checkbox"/> Entered Incorrectly _____ : AM/PM <input type="checkbox"/> Other _____ : AM/PM	Reason for Absence _____ <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day
	<b>Type of Absence:</b> <input type="checkbox"/> Illness <input type="checkbox"/> Personal Bus <input type="checkbox"/> Staff Dev. <input type="checkbox"/> Ext. Leave	<input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> FML	_____ : AM/PM _____ : AM/PM _____ : AM/PM _____ : AM/PM _____ : AM/PM	_____ Manager's Initials
MM/DD/YY  Tuesday	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Absent	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Leave Premises <input type="checkbox"/> Return to Premises <input type="checkbox"/> Comp Hours Used _____	<input type="checkbox"/> Forgot to Clock in/out at _____ : AM/PM <input type="checkbox"/> Forgot to Clock in/out at _____ : AM/PM <input type="checkbox"/> Forgot to Leave/Return to Premises at _____ : AM/PM <input type="checkbox"/> Entered Incorrectly _____ : AM/PM <input type="checkbox"/> Other _____ : AM/PM	Reason for Absence _____ <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day
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	<b>Type of Absence:</b> <input type="checkbox"/> Illness <input type="checkbox"/> Personal Bus <input type="checkbox"/> Staff Dev. <input type="checkbox"/> Ext. Leave	<input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> FML	_____ : AM/PM _____ : AM/PM _____ : AM/PM _____ : AM/PM _____ : AM/PM	_____ Manager's Initials
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Use this form to make adjustments when clocking in or out when a punch was missed or done incorrectly. Employee completes and signs the form and submits it to the supervisor. Supervisor signs and provides a copy for the employee. Supervisor or timekeeper makes the adjustments in Skyward True Time for correction to the employee's time record.

This form must be kept in the employee's departmental record for a period of four full fiscal years.