

*Walthall County School District*

***TIME CORRECTION REQUEST***

I failed to clock in on: \_\_\_\_\_  
Month/day/year

I failed to clock out on: \_\_\_\_\_  
Month/day/year

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

I authorize the time and accounting manager to correct the time card for the above person to the time indicated below.

\_\_\_\_\_  
Time in/out

\_\_\_\_\_  
Date in/out

\_\_\_\_\_  
Supervisor's signature