City of Pass Christian

Time-Clock Adjustment Report

Date of Adjustment _____ Name of Employee _____

Time in recorded on clock _____ Time out recorded on clock _____

Actual time in(if different from clock) _____ Actual time out(if different from clock) _____

Reason for adjustment:

Employee: _____
(signature)

Supervisor _____
(signature)

HR Director: _____
(signature Approved)