

TIMESHEET CORRECTION REQUEST FORM LEON COUNTY SCHOOLS PRIOR TO BEING PROCESSED BY PAYROLL

Employee Name (Printed):			
Cost Center:		Cost Center #:	
Date to be Corrected:	Correct Time In:	Correct Time Out:	
Please correct my timesheet for the r	eason listed below:		
Did NOT clock in at the beginnin	g of the work day.		
Did NOT clock out at the end of	the work day.		
Did NOT clock in or out for lunch	<u>ı.</u>		
Time clock was not working.			
Bank Deposit.			
Attended a Meeting. Description	າ:		
Attended Training. Description:			
Other (Specify):			
Employee's Signature:		Date:	
Supervisor:		Date:	
Entered By:		Date:	