**Time Worked/Time Missed**

Fine Arts Tutoring Function Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After the Fact Absence Request or Change Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Employees Name: |  | Date of Request: |  |
|  |  |  |  |
| Organization: | ***FINE ARTS DEPARTMENT*** | Employee ID: |  |
|  |  |  |  |

**Time Worked Change/Missed Punch**

*Complete below for the day that the time card requires adjustment or time added*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **START Time** | **Out Lunch** | **In Lunch** | **END Time** | **Edit Reason** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

***Edit Reasons****: Clock Malfunction, Clock Not Accessible, Employee did not have card, Employee did not punch, Inclement Weather, Employee did not call in absence*

**Time Missed (*or Absence Change*)**

*Complete below for an after the fact absence request or change*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Absence** | **Hours Absent** | **Absence Reason** | **Delete** | **Add** | **Change** | **Edit Reason** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*I certify that the hours worked/missed are complete, true and correct. By signing below, I certify that all hours worked for EPISD have been reported.*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
|  |  |  |  |
| Supervisor Signature |  | Date: |  |
| **Notes**:  This form MUST be kept on file at each employee's primary worksite. DO NOT SEND IN TO PAYROLL OFFICE. | | | |

Entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_