



Time Worked/Time Missed 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

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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Name: _____

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: _____