Arkadelphia Public Schools

TimeClock Edit Request for Monthly Paid Employees

Name:	Job:	Location:

TimeClock Clock-in / Clock-out Adjustment

Enter date and corresponding in / out needing to be edited. ***Round to the nearest 15 minute increment.***

	Clock-In	Clock-Out	Reason
Date:			

Time Clock Leave Request

	1/2 Day	All Day	Type: Sick, Personal, Vacation
Date:			

Employee's Signature _____ **Date:** _____

Sign and pass on to Supervisor.

Supervisor's Signature _____ **Date:** _____

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Rev. 10/1/2020