



Marion School District
200 Manor Street
Marion, Arkansas 72364
870-739-5100

Time Clock Adjustment Form

Name: _____

Adjustment Date: _____

Adjustment Needed:

Reason for Adjustment:

Signature of Employee: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Employees who require more than two time adjustment forms per month may be subject to appropriate disciplinary action.