

WRUSD TimeClock Plus Adjustment Form

(to be used **BEFORE** payroll is processed)

Employee Name: _____ User ID#: _____ School/Dept: _____

Date to be corrected: _____

Job# to be corrected: _____

Correct Time Information:

Reason:

Time In: AM / PM _____

Out for Lunch: AM / PM _____

Return from Lunch: AM / PM _____

Time Out: AM / PM _____

☐ No Lunch Taken

Employee's Signature

Date

Supervisor's Signature

Date

(To be vaild, this form **MUST** be signed and dated by **BOTH** the employee and supervisor)

Retain completed form for your records - **DO NOT** forward to "Payroll Department."

Date entered into timeclock plus: _____

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