

Ector County Independent School District

KRONOS Time Adjustment Form

Employee Name: _____ Work Week: FROM: _____ TO: _____

Employee #: _____ MM/DD/YYYY MM/DD/YYYY

Date of Transaction	Type or Correction Done Add/Delete/Change	Clock Code Added/Deleted or Changed	Reason for Manual PC Entry	Time Change	
				Original Time	Corrected Time
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM
_____ MM/DD/YYYY	Add Delete Change	In Out Comp Hours Used _____	Forgot to Clock in/out Did not have badge Entered incorrectly Other _____ _____	_____ AM/PM	_____ AM/PM

Use this form to make adjustments when clocking in or out when a punch was missed or done incorrectly. At the end of each week the Employee, Manager and Supervisor sign the report. This form must be kept in the employee's departmental record.

Manager Signature Date Employee Signature Date Supervisor Signature Date