



RED RIVER PARISH SCHOOL BOARD

TIME CLOCK EDIT FORM

Employee Name: _____ **Date:** _____

Site: _____ **Department:** _____

The above-named employee had an error on the time recorded for week ending: _____

Date Of Error	Type of Change A=Add C=Correct D>Delete	In Time	Out Time	Reason for Time Adjustment, Addition, Correction or Deletion

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Office of Human Resources
Received Date: _____