



# TYLER INDEPENDENT SCHOOL DISTRICT

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1319 New Sunnybrook · P.O. Box 2035 · Tyler, Texas 75701 · 903-262-1000 · Dr. Randy Reid, Superintendent

Name of Employee \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

Punch(es) to be inserted or deleted:

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for Adjustment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Signature below indicates my approval to adjust time records as indicated.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date