



The Foundation for California State University, San Bernardino

Time Clock Adjustment

Instruction: Please complete Box 1-10. For Box 5-6, please choose one box only and circle AM or PM.

Form with 10 numbered sections: 1. Name, 2. Time Clock ID, 3. Date of Correction, 4. Correction Request (Add, Change, Delete), 5. Missed Clock-in/out for Day (Before/After Meal Period), 6. Missed Clock-out for Meal Period Only, 7. Explanation, 8. Employee Signature, 9. Date, 10. Supervisor Approval/Payroll Use Only.



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