



## Montgomery I.S.D. Time & Attendance Edit Authorization Form

MISD Employee Name (Printed): \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

### Regular Work Time Correction

Date	Clock-IN	Clock-OUT	Cancel Lunch deduction (Y or N)	Reason for Edit

### Request for Leave

Date	Leave Type (School Business, Local, State, etc.)	Reason for Leave

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

**Your signature certifies that this information is accurate and reflects the actual hours worked and that you authorized the above changes.**

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

**Your signature certifies that you have reviewed the changes above and agree that they are accurate and reflect the actual hours worked.**

Supervisor's Printed Name \_\_\_\_\_

***This form is to be submitted on a weekly basis to your Supervisor***