

**EMPLOYEE NAME** 

**JOB TITLE** 

## BIOMETRICS 98 #1F9E I 9CHFORM

**EMPLOYEE ID** 

**COMPANY** 

CURRENT CL	OCK IN/OUT DATA	REQUESTED CHANGE TO CLO	CK IN/OUT DATA
REQUESTED DATE TO EDIT	CURRENT CLOCK IN/OUT TIME	NEW CLOCK IN/OUT TIME	REASON
APPROVAL EMPLOYEE SIGNATURE	DATE OF REQUEST	SUPERVISOR SIGNATURE	DATE OF APPROVAL
	: : : : :		

## **INSTRUCTIONS**

It is the responsibility of the employee to submit the edit request before the payroll data is finalised for that fortnight

The form will be returned to immediate supervisor.