

**SURRY COUNTY SCHOOLS
TIMEKEEPER CHANGE REQUEST FORM**

Employee Name _____ Adj. Date _____

Social Security # _____

Time Adjustments: Arrival Time _____ Lunch Begins _____

Departure Time _____ Lunch Ends _____

Absences: Annual Leave Sick Leave Comp Leave

Bonus Leave Donated Leave Other _____

Amount _____

Employee Reason For
Change _____

Employee
Signature _____ Date _____

Principal/Supervisor
Signature _____ Date _____

Date Record Changed _____
Person Who Changed Record _____