PASCAGOULA SCHOOL DISTRICT TIME EDIT FORM

(Please Print)

School / Location:	
Employee:	
Date Edit Needed:	
TIME SHOWN:	CORRECTED TIME:
Reason for Time Edit:	
PLEASE CHECK ONLY ONE OF THE	FOLLOWING:
First Occurrence	
Second Occurrence; verbal wa	rning
Third Occurrence; written notic	ce of docked pay
Fourth Occurrence; written not	ice of day off without pay
Fifth Occurrence; review by per	
OR Situations NOT COUNTED agair	nst the employee:
Emergency Situation; reason gi	iven above
Other:	
EMPLOYEE Signature	SUPERVISOR Signature

Time edits are kept on record for a 45 day period (calendar days). The occurrence number is based upon the number of time edits done within a 45 day period.

Keep a copy at your school/location, and attach original to the weekly Service Report and send to the business office.

Situations not counted against employee are attached to Service Report to justify edit, however, are not kept on occurrence record.