

Taylor County Fiscal Court
Employee Time Clock Adjustments

Employee Name (Print) _____

Leave Taken

Record _____ hours for **VACATION Leave**

On Date(s) _____

Record _____ hours for **PERSONAL/SICK Leave**

On Date(s) _____

Record _____ hours for **BEREAVEMENT Leave** (include proof of attendance)

On Dates(s) _____

Additional working time or adjustments to clocking data

(this section does require signature from Supervisor)

Date	Start Time	End Time	Explanation

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____