

Payroll Office Use Only:
Date receive by Payroll Dept.:
Signature of Payroll Dept.:

**SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY**  
**TIME CLOCK DISCREPANCY FORM**  
 (Employee Request for Payroll Time Clock Hours Adjustment)

Employee Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Work Location \_\_\_\_\_

Date of Discrepancy \_\_\_\_\_

Contracted Work Hours \_\_\_\_\_

**TIME CLOCK DISCREPANCY:**

Please check one (A, B, or C) indicating where the discrepancy occurred and then complete the corresponding information for that row (see example below):

A. \_\_\_ Clock-In Time      Clocked in at \_\_\_\_\_ Should be \_\_\_\_\_      \_\_\_\_\_ total hours requested (not on time report)

B. \_\_\_ Clock- Out Time      Clocked out at \_\_\_\_\_ Should be \_\_\_\_\_      \_\_\_\_\_ total hours requested (not on time report)

C. \_\_\_ Lunch Break\*\*      Clocked out at \_\_\_\_\_ Should be \_\_\_\_\_

Clocked in at \_\_\_\_\_ Should be \_\_\_\_\_

Approved by: Supervisor's name \_\_\_\_\_

{Example: A.    X Clock-In Time      Clocked in at 8:00 am      Should be 6:30 am      1.5 hrs total hours requested (not on time report)}

\*\*A missed lunch break MUST be discussed with a supervisor as soon as it is evident that the lunch break will be missed, preferably PRIOR to the break time or at the earliest convenience of the employee depending on the circumstances of the day.

**Reason for Discrepancy:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: form will not be accepted without both signatures**

Approved _____	Disapproved _____	Comment _____
Payroll Office Signature _____		