La Joya Independent School District Kronos/Absence from Duty Adjustment Form

Employee Name:				Date Submitted:		
Employee ID:				Campus/Dept:		
Note: Please	mark reason	n for missed pu	nch			
Forgot to pun						
Forgot to pun						
	e:				Other:	
Examples:		Specify				
05-111 Punch	n Rejected					
06-2 Non-Hor						
Missed Punch						
Date	IN	OUT	IN	OUT		
Explanation:						
Explanation.						
				ABSENCE		
Date	Code Full or		Half Day	Reason	Code	
					Personal/Family Illness	Sick 1
					Personal Leave	Person 1
					School Business	School Business
					Jury Duty	Jury
					Subpoena	Subpoena
					Military Leave	Military
					Other/Dock	Other
					Non-Contract Day (Contract	NCD
					Day 226 or Greater Only)	:
Employee's Signature:						
Supervisor's Signature:					Date:	
Note: Form	needs to be t	urned in within	24 hours fo	r processing		
			For	TimeKeeper U	se Only	
_						
Date Received:				_		
Date Adjusted:				_		
Adjusted By:				_		

Revised: 01/16/2017