County of Goliad

Edit Time Request

(All Edit Time requests need to be filled out by employee and then submitted to Department Head or Time Card Approval

Staff)

(Please use 1 request per date needing Edit Time)

DEPARTMENT: _____

DATE: _____

Employee Requesting Edit Time: _____

Reason For Needing Edit Time :

_____

_____

_____

_____

Date Of Time Edit: _____

Time(s): _____

_____

_____

_____

_____

Department Head   **APPROVED / DENYED**

_____

Time Card Approval   **APPROVED / DENYED**