



## **Time Change Request Form**

NAME: \_\_\_\_\_ Employee Pin# \_\_\_\_\_

Date	Swim Club	Time In	Time Out	Total Hours

Reason for not clocking in/out:

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Lifeguard Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*After the employees' third payroll correction submission, any additional submissions will result in a \$10.00 deduction from the employees' pay check due to processing.**

**2 WAYS THIS FORM CAN BE SUBMITTED TO THE SCMG OFFICE:**

**HAND DELIVERY (IN PERSON)**

**OR**

**MAILED TO THE SCMG OFFICE:**

**9801 WEST KINCEY AVENUE, SUITE 165**

**HUNTERSVILLE, NC 28078**

**(This form should not be left at the pool for Managers to submit)**

The correction and processing of this form is based on approval from the SCMG payroll dept.