



Time Change Request Form

NAME: _____ Employee Pin# _____

Date	Swim Club	Time In	Time Out	Total Hours

Reason for not clocking in/out:

Lifeguard Signature: _____ **Date:** _____

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

HAND DELIVERY (IN PERSON)

MAILED TO THE SCMG Office

4441-106 Six Forks Road, Suite 114

Raleigh, NC 27609

(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.