

TUNICA COUNTY SCHOOL DISTRICT MISSED PUNCH REPORT

EMPLOYEE SHOULD COMPLETE THIS SECTION: 1st Offense: The employee will have letter of reprimand placed in his/her personnel file signed by both the employee and supervisor. The employee will be required to submit a written statement to show the actual hours of work that should be recorded on the time card.

School or Department _____ Date _____

Employee Name (Print) _____

Supervisor Name (Print) _____

Date of Missed Punch _____ Time of Missed Punch _____

Reason for Missed Punch: Employee must explain in writing below the reason for the missed punch (i.e. - failed to clock in when reporting for work; failed to clock out when going to lunch; off-site when reporting to/leaving from workday, etc.)

SUPERVISOR SHOULD COMPLETE THIS SECTION:

Corrected Employee Time Record in the following manner:

1. Added punch to time record on _____
Date and Time of Day _____ Supervisor Signature _____

2. Removed punch from time record on _____
Date and Time of Day _____ Supervisor Signature _____

DISCIPLINARY ACTION TAKEN (if applicable):

2nd Offense: The employee will have a letter of reprimand placed in his/her personnel file. Time correction will be allowed. The employee will be suspended one day without pay.

Date and Time of Day _____ Supervisor's Signature _____

3rd Offense: The employee will be subject to disciplinary action by the Superintendent up to and including termination. In case of extreme emergency, where it would be impossible for a person to physically clock in/out, the supervisor will have the opportunity to submit a written statement detailing why the employee was not able to clock in/out. The time record will be adjusted and corrected accordingly.

Date and Time of Day _____ Supervisor's Signature _____

I have personal knowledge of and declare under penalty of perjury by my employee signature below, that this "Missed Punch" record is a true and accurate report of my failure to punch in/out at the time clock in the performance of my job duties. No one has asked me to fabricate or falsify any information concerning my time worked or to fail to report any of my time worked.

Employee: CERTIFIED TRUE & CORRECT, under penalty of perjury:

Employee Signature _____ Date _____

Supervisor: I have generally reviewed the information in this record and verify that it is correct to the best of my knowledge:

Supervisor's Signature _____ Date _____

This report should be forwarded to the Office of the Superintendent of Education immediately upon completion.