

TIME CLOCK MISSED PUNCH REQUEST FORM

Employee Name: _____ Employee ID#: _____
Please Print

Date of Missed Punch: _____

Type of Missed Punch:

Check one or list on line below

Time of Missed Punch

_____ Initial Clock in for the Day/Shift

_____ Clock out for Lunch

_____ Clock back in from Lunch

_____ Clock out End of Day/Shift

_____ Other - Please List Below

Reason for Missed Punch:

Clock not working _____

I forgot _____

Other

(explain below in detail)

Approval from the employee's immediate supervisor shall be obtained prior to Time Clock Manager editing time.

I attest that the changes requested are complete and accurate. I understand that missed punches can lead to disciplinary action, up to and potentially including termination, depending on the severity or repeat nature of the offense.

Employee's Signature

Date Signed

Work Location

Supervisor's Signature

Date Signed

Date Edit Completed

Change Administrator Signature