TEAMS TIME CARD CORRECTION FORM

Date: _____   Employee ID: _____

Employee Name: _____

Campus/Department: _____

Instructions:

1. In the boxes provided below indicate the date in which the correction is needed.
2. Write in the correct IN and OUT swipes for the day indicated.
3. Select an edit reason for the day.
4. Write any comments in regards to edit reason if needed.

Swipe Corrections	Swipe Corrections	Swipe Corrections
Date: _____	Date: _____	Date: _____
IN **OUT**	**IN** **OUT**	**IN** **OUT**
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
Absence Correction	**Absence Correction**	**Absence Correction**
Date: _____	Date: _____	Date: _____
Edit Absence Reason: _____	Edit Absence Reason: _____	Edit Absence Reason: _____
Edit Absence Pathway: _____	Edit Absence Pathway: _____	Edit Absence Pathway: _____
Edit Absence Hours:	Edit Absence Hours:	Edit Absence Hours:

Edit Reasons: Edit Reasons: Edit Reasons:

_____ Missing Swipe   _____ Missing Swipe   _____ Missing Swipe

_____ Incorrect Swipe Sequence   _____ Incorrect Swipe Sequence   _____ Incorrect Swipe Sequence

_____ Edit Absence   _____ Edit Absence   _____ Edit Absence

_____ Enter Absence   _____ Enter Absence   _____ Enter Absence

Comments: _____

_____

_____

_____

_____   _____
Employee Signature   **Date**

_____   _____
Supervisor Signature   **Date**