



**GULFPORT SCHOOL DISTRICT**  
**BOARD OF TRUSTEES & OFFICE OF THE SUPERINTENDENT**

**ATTENDANCE SYSTEM**  
**MISSED HAND SCAN FORM**

\_\_\_\_\_  
 EMPLOYEE NAME

\_\_\_\_\_  
 PAYROLL NUMBER

\_\_\_\_\_  
 SCHOOL/LOCATION

\_\_\_\_\_  
 POSITION

\_\_\_\_\_  
 DATE OF MISSED SCAN

\_\_\_\_\_  
 DAY OF WEEK

\_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM  
 Time In (check one) Time Out (check one)

\_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM  
 Time In (check one) Time Out (check one)

Explanation required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information is accurate. I understand that I could be terminated for providing false information.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Supervisor Signature

I certify that the above employee information is accurate. I understand that I could be terminated for attesting to false information.

\_\_\_\_\_  
 Employee Witness Signature

Note: Must be returned to Site Payroll Manager within two days of missed hand scan!

Office Only: Received _____	Entered _____	Copy to Payroll _____
DATE	DATE	DATE