



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