



**Parent and Family Engagement Specialist  
Kronos Missed Punch Form**

This form is completed when your badge was not used to record your time worked.

Name \_\_\_\_\_

Date \_\_\_\_\_

Department Office of Federal and State Programs

Supervisor Latorsha Murray

**Missed Punch(es)**

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Reason \_\_\_\_\_

*(Include AM or PM)*

My signature certifies the accuracy of the information provided in this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date