



UKG READY MISSED PUNCH FORM

In the event of a missed punch at the timeclock, employees are required to complete this form to document the occurrence. To authorize any corrections to the employee's timesheet, the form **MUST** be signed by both the employee and the appropriate Director or Principal.

NAME: _____ EMPLOYEE ID NUMBER: _____

DATE: _____ LAST 4 DIGITS OF SSN#: _____

SCHOOL or DEPARTMENT: _____

SUPERVISOR/PRINCIPAL: _____

BUDGET CODE: _____

Please provide the required information below for each date on which the employee failed to swipe in or out at the time clock. If missed punches exceed five (5) dates, an additional form must be completed and submitted.

Date (MO/ DAY/ YR)	Time In (00:00 AM/ PM)	Time out (00:00 AM/PM)	Reason for not swiping in or out

My signature below certifies that the information provided is accurate.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

DIRECTOR/PRINCIPAL'S SIGNATURE: _____ DATE: _____