

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: _____ IN OUT _____ _____ _____	Date: _____ IN OUT _____ _____ _____	Date: _____ IN OUT _____ _____ _____
Absence Correction	Absence Correction	Absence Correction
Date: _____ Edit Absence Reason: _____ Edit Absence Pathway: _____ Edit Absence Hours: _____	Date: _____ Edit Absence Reason: _____ Edit Absence Pathway: _____ Edit Absence Hours: _____	Date: _____ Edit Absence Reason: _____ Edit Absence Pathway: _____ Edit Absence Hours: _____

Edit Reasons:

Missing Swipe

Incorrect Swipe Sequence

Edit Absence

Enter Absence

Edit Reasons:

Missing Swipe

Incorrect Swipe Sequence

Edit Absence

Enter Absence

Edit Reasons:

Missing Swipe

Incorrect Swipe Sequence

Edit Absence

Enter Absence

Comments: _____

Employee Signature

Date

Supervisor Signature

Date