CLARKSDALE MUNICIPAL SCHOOL DISTRICT

MISSED PUNCHED REPORT

EMPLOYEE SHOULD COMPLETE THIS SECTION:

School: _____ Date: _____

Employee Name: _____ Employee SS#: _____

Date of Missed Punch: _____ Time of Missed Punch: _____

Reason for Missed Punch – Employee must explain in writing below the reason the missed punch (i.e. - failed to clock in when reporting for work, failed to clock when to or returning from lunch, off - site when reporting to / leaving from workday, etc.)

_____

_____

PRINCIPAL OR SUPERVISOR SHOULD COMPLETE THIS SECTION:

Correct Employee Time Record in the following manner:

1. Add punch to time record on _____ (Date and Time) _____ (Principal/Supervisor's Signature)

   Detailed reason for punch being added to time record _____

   _____

2. Remove punch from time record on _____ (Date and Time) _____ (Principal/Supervisor's Signature)

   Detailed reason for punch being removed from time record _____

   _____

Disciplinary Action Taken (if applicable):

1. Verbal warning issued to employee for failure to adhere to school board policy on:

   _____ (Date and Time of Day) _____ (Principal/Supervisor's Signature)

2. Written reprimand issue to employee for failure to adhere to school board policy on:

   _____ (Date and Time of Day) _____ (Principal/Supervisor's Signature)

3. Recommended employee for disciplinary action to the Board of Trustees on:

   _____ (Date and Time of Day) _____ (Principal/Supervisor's Signature)

I have personal knowledge of and declare under penalty of perjury by my employee signature below, that this "Missed Punch Report" is a true and accurate report of my failure to clock in/out at the time clock in the performance of my job duties. No one has asked me to fabricate or falsify any information concerning my time worked or to fail to report any of my time worked. CERTIFIED TRUE AND CORRECT, under penalty of perjury:

_____ Employee Signature _____ Date

_____ Principal/Supervisor's Signature _____ Date