TIME CLOCK MISSED PUNCH REQUEST FORM

Employee Name:_____ Employee ID#_____

Date of Missed Punch:_____

Type of Missed Punch: Time of Missed Punch

_____ Initial Clock in for the Day/Shift _____

_____ Clock out for Lunch _____

_____ Clock back in from Lunch _____

_____ Clock out End of Day/Shift _____

_____ Other- Please List Below _____

_____

Reason for Missed Punch:

Clock not working _____
I Forgot _____
Other _____

_____

_____

Approval from the employee's immediate supervisor shall be obtained prior to Time Clock Manager editing time.

I attest that the changes requested are complete and accurate.

_____ _____ _____
Employee's Signature Date Signed Work Location

_____ _____
Supervisor's Signature Date Signed

_____ _____
Date Edit Completed Change Administrator Signature