



# Time Clock Missed Punch Variance Form

Employee Name:

(please print)

Date of Missed Punch:

Reason for Missed Punch:

## Time of Missed Punch

Enter the actual time you arrived or left, not your scheduled time.

Type of Missed Punch: ☐ Initial Clock in for the Day

Time:

☐ Clock Out for Meal Break

Time:

☐ Clock Back in from Meal Break

Time:

☐ Clock Out at End of Day

Time:

☐ Other

Time:

Explain Other:

\*If missed punch caused employee to miss the following punch time please list both missed punches

Approval of employee's immediate supervisor must be obtained prior to amending missed punches.

Employee's Signature

Date

Position/Job Function

Assignment

Supervisor's Signature

Date