



Late Report

Client Company _____

First Name: _____ Last Name: _____

Submitted By _____ Date _____

Time Due At Work _____ Arrival Time _____ Time Missed _____

Did employee notify company? Yes _____ No _____

Reason for tardiness _____

Action taken:

_____ None
_____ Deduct Pay
_____ Make-Up

_____ Warning
_____ Terminate
_____ Other:

Comments _____

Employee Signature

Supervisor Signature

Check here if employee refused to sign form _____