

## **Time Clock Correction Form**

Reason for correction:

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Remember that too many Time Clock Correction requests **WILL** result in a Written Warning

Employee's signature: \_\_\_\_\_

Office Manager's signature: \_\_\_\_\_

Clinical Manager's signature: \_\_\_\_\_

Employer's signature: \_\_\_\_\_  
(Required if a Manager has a time clock correction)

Date \_\_\_\_\_