

TIME CLOCK MISSED PUNCH REQUEST FORM

Procedure: Employee will complete and obtain approval from immediate supervisor

Employee Name:

(please print)

Date of Missed Punch:

Reason for Missed Punch:

Time of Missed Punch

Type of Missed Punch:

(Check one or list on line below)

Initial Clock in for the Day

Text

Clock out for Lunch

Text

Clock back in from Lunch

Text

Clock out End of Day

Text

Other - Please List

Text

Explanations:

*If missed punch causes employee to miss the next punch time please list both missed punches

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

Employee's Signature

Date Signed

Work Location

Supervisor's Signature

Date Signed

***Time Clock Manager must send Missed Punch Request Forms over each pay period with Time Sheets**