

TIME CLOCK EDIT FORM

Procedure: Employee will complete and obtain approval from immediate supervisor.

Employee Name: _____

Employee Number: _____

Date of Missed Punch: _____

Reason for Missed Punch: _____

Time of Missed Punch

Type of Missed Punch:	Initial Clock In for the Day	_____
	Clock out End of the Day	_____
<input type="checkbox"/> Other, please specify	Clock out for: _____	_____
	Clock in from: _____	_____

***If other please explain: _____

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

Approval from the Principal & Human Resources must be obtained prior to that specific payroll period.

Employee's Signature

Date Signed

Principal's Signature

Date Signed

Human Resources Signature

Date Signed

All missed punch forms must be signed by the Employee, Principal, and Human Resources before payroll goes in for that month. No late submissions will be accepted after payroll has gone in for that time.