

### Missed Punch Correction Request

Employee Name: (print) \_\_\_\_\_

Location: \_\_\_\_\_

Date:	Time In:	Time Out:	Time In:	Time Out:

~Only One (1) Day per Correction Request~

To be completed by the employee-Reason(s) for Missed Punch:

- ▶ All requests must be submitted to the payroll department within two (2) days.
- ▶ Form must be completed in entirety.
- ▶ Failure to clock in/out could lead to disciplinary action and/or docking of pay.

I certify the requested corrections are for missed times on the time clock.

Employee Signature: \_\_\_\_\_

I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by the employee.

Supervisor/Principal Signature: \_\_\_\_\_