



TIMECLOCK MISSED PUNCH CORRECTION FORM

Employee Name (Print): _____ Department: _____

Date of Missed Punch: _____

Type of Missed Punch		Time of Missed Punch
	Initial clock in for the day/shift	
	Clock out for lunch	
	Clock back in from lunch	
	Clock out at end of day/shift	
	Other:	

Reason for Missed Punch	
	Clock not working
	I forgot
	Other:

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

I attest that the changes requested are complete and accurate. I understand that missed punches can lead to disciplinary action, up to and potentially including termination, depending on the severity or repeat nature of the offense.

Employee Signature: _____

Date Signed: _____