

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:	Initial Clock In for the Day _____
(Circle One or list on line below)	Clock out for Lunch _____
	Clock back in from Lunch _____
	Clock out End of the Day _____
Other - Please List	_____

Explanations: _____

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

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

_____ Employee's Signature	_____ Date Signed	_____ Work Location
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_____ Supervisor's Signature	_____ Date Signed
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