TIME CLOCK MISSED PUNCH REQUEST FORM

Procedure: Employee will complete and turn into Business Office immediately after
missed punch.

Employee Name:				
		(please p	int)	
Date of Missed Punch:				
	IN			Out
Time of Missed Punch:				
Time of Missed Punch:				
ime of Missed Punch:				
ime of Missed Punch:				
Check one or list on line below)				
*If missed p	unch causes emp	loyee to miss the	next punch tin	ne please list both missed punches
Approval from the emp	loyee's immediat	e supervisor sha	l be obtained p	prior to Time Clock Manager editing

Employee's Signature

Date Signed

Work Location

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