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

_____	_____
Supervisor's Signature	Date Signed

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