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.

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________________________________________________________________________

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.