

MISSING OR ADDED TIME CLOCK PUNCH

NAME: _____ DATE: _____

MISSING / ADDED TIME (circle one): to

REASON: _____ Forgot time card / name badge

_____ Time clock not working

_____ Ambulance Transfer

_____ Called in extra to help

_____ Do not have a card

_____ Other: _____

Employee Signature

Date

Supervisor Signature

Date

Personnel Signature

Date



Numerous forms filled out due to forgetting time card will result in counseling by your supervisor and personnel.



You will not be paid for any time *not clocked in or form not filled out on.*