Abilities Unlimited
Time Entry Correction Form
(Form MUST be turned in within 24 hours of realizing error)

Employee: _____   Supervisor: _____

Employee ID: _____

Shift Date: _____   Time In: _____ AM / PM   Time In: _____ AM / PM

Consumer(s) worked with: _____

☐ Did NOT clock in at the beginning of shift

☐ Did NOT clock out at the end of shift

Detailed Reason (REQUIRED):

_____
_____
_____
_____
_____
_____

I immediately notified my supervisor via   ☐ Text   ☐ Email

I understand that claiming time I was not with my client or claiming time I did not work is Medicaid fraud & I will be reported to the Office of the Medicaid Inspector General if I am caught claiming time I did not work.

_____   _____
Employee Signature   Date

_____   _____
Supervisor Signature   Date Correction Made