

Time Entry Correction Form



NAME: _____

DATE: _____

EMPLOYEE ID

DEPT #:

TIME IN: _____ (beginning of shift)	TIME OUT: _____ (at end of shift)
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- | | |
|---|---|
| <input type="checkbox"/> Did NOT clock in for beginning of shift | <input type="checkbox"/> System was down |
| <input type="checkbox"/> Did NOT clock out for end of shift | <input type="checkbox"/> No meal break |
| <input type="checkbox"/> Meeting Attendance | <input type="checkbox"/> Education Attendance |
| <input type="checkbox"/> Other | |

Detailed Reason (required):

EVENT: LOCATION: _____

TIME: _____ TRAVEL TIME: _____

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____