MISSED PUNCH FORM

This form should only be completed when an employee needs a time adjustment due to a missing punch. For the missed punch recorded on this form to reflect within the employee's timecard, this form must be filled completely out and given to the manager for approval. No area of this form should be left blank otherwise the form will not be accepted.

Employee Name: _____ **Date**: _____

Date of missing punch: _____

Missed Clock in Time: _____ AM/PM Missed Meal Clock out Time: _____ AM/PM

Missed Meal Clock in Time: _____ AM/PM Missed Clock out Time: _____ AM/PM

Reason for missed punch MUST be completed:

_____
_____
_____

Employee Signature: _____

Manager Signature: _____ Date: _____