

2016-2017

Missed/Sick Punch Approval

Date of Missed Punch _____

Employee/Sub Name _____

Employee Number _____

If subbing, who are you subbing for: _____

Time: _____: _____ AM/PM _____: _____ AM/PM

Reason _____

IF SICK - PLEASE CIRCLE 1 LOCAL STATE

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

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