

## TIME CLOCK EDIT FORM

**Procedure: Employee will complete and obtain approval from immediate supervisor.**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Date of Missed Punch: \_\_\_\_\_

Reason for Missed Punch: \_\_\_\_\_

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### Time of Missed Punch

<b>Type of Missed Punch:</b>	Initial Clock In for the Day	_____
	Clock out End of the Day	_____
<input type="checkbox"/> Other, please specify	Clock out for: _____	_____
	Clock in from: _____	_____

\*\*\*If other please explain: \_\_\_\_\_

\_\_\_\_\_

*\*If missed punch causes employee to miss the next punch time please list both missed punches.*

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***Approval from the Principal & Human Resources must be obtained prior to that specific payroll period.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date Signed

**All missed punch forms must be signed by the Employee, Principal, and Human Resources before payroll goes in for that month. No late submissions will be accepted after payroll has gone in for that time.**