

MISSING CLOCK-IN/OUT AUTHORIZATION FORM

Please submit this form to your supervisor/manager as soon as possible. If this form is not submitted in a timely manner for approval payment for the shift in question may be delayed. Failure to follow proper time and attendance procedures can also result in delayed payment for shifts not accounted for by the time and attendance systems in place.

| | | | |
|---------------------------------------|--------------------------------|-----------|-------|
| Name: | | Date: | |
| Employee #: | Date of Missing Punch: | | |
| Was the missing punch a (circle one): | CLOCK-IN | CLOCK-OUT | |
| Time of missing punch: | (Be sure to indicate am or pm) | | |
| Reason for missing punch: | | | |
| Employee Signature: | | | |
| FOR SUPERVISOR USE ONLY | | | |
| Missing punch approved (circle one): | YES | NO | Date: |
| Supervisor Signature: | | | |

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