

PUNCH CORRECTION/MISSING PUNCH REQUEST

EMPLOYEE NAME: _____ DEPT: _____

PAY PERIOD: _____

DATE	TIME	PUNCH TYPE	CHECK REASON			EXPLANATION
			FORGOT PUNCH	CORRECTION OF PUNCH	OTHER	
		<input type="checkbox"/> START WORK <input type="checkbox"/> END WORK <input type="checkbox"/> START MEAL <input type="checkbox"/> END MEAL				
		<input type="checkbox"/> START WORK <input type="checkbox"/> END WORK <input type="checkbox"/> START MEAL <input type="checkbox"/> END MEAL				
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		<input type="checkbox"/> START WORK <input type="checkbox"/> END WORK <input type="checkbox"/> START MEAL <input type="checkbox"/> END MEAL				

I authorize the correction to my electronic timecard for the selected pay period above.

 EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

NOTE: The Supervisor must enter the correction into the timekeeping system.

ORIGINAL TO: Payroll COPY TO: Employee

PT 503 (2/2021) Refer to Chapter III of the LAY PERSONNEL HANDBOOK for a description of the policy regarding Timekeeping.

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