

Missed Punch Form

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|------------------|----------------|------------|
| Employee Name: | Empl ID: | Empl Rcd#: |
| Business Unit: | Department: | |
| Supervisor Name: | Working Title: | |

Record your missed punches, sign and return to your supervisor.

| Date | Time In | Time Out |
|------|---|---|
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |
| | <input type="radio"/> AM <input type="radio"/> PM | <input type="radio"/> AM <input type="radio"/> PM |

Employee Approval

I certify that the punches reported above represent the punches missed in my time report for this period.

Employee Signature: _____

Date: mm/dd/yyyy

Supervisor Approval

I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by this employee.

Supervisor Signature: _____

Date: mm/dd/yyyy