Missed Punch Form

Date of Missed Punch: _____

Employee Name: _____

Employee Number: _____

Employee Position: _____

Department: _____

Manager: _____

Time in: _____ Time out: _____ Reason for Missed Punch:

☐ Forgot to Punch In / Punch Out

☐ Time Clock Not Working

☐ Other:_____

_____

Employee must submit Missed Punch Form to the Human Resources Department within 24 hours of missed punch to properly validate and document time.

Employee's Signature Date

☐ Approve ☐ Rejected

Manager's Signature Date

If this form is not completely filled out and signed by the manager it will not be approved.