

Time Clock Correction Form

Date: _____ Company: _____

Name: _____ Time Clock Initials: _____

Date of Occurrence: _____

IN: _____ ^{1ST} LUNCH IN: _____ ^{1ST} LUNCH OUT: _____ ^{2ND} LUNCH IN: _____ ^{2ND} LUNCH OUT: _____ OUT: _____

Reason: _____

Date of Occurrence: _____

IN: _____ ^{1ST} LUNCH IN: _____ ^{1ST} LUNCH OUT: _____ ^{2ND} LUNCH IN: _____ ^{2ND} LUNCH OUT: _____ OUT: _____

Reason: _____

I understand that this form will be file and any errors on my part will be reflect on future evaluations. I also understand that it is part of my responsibility to use the time clock correctly on my work schedule. Example, for a schedule with eight regular working hours, I need have minimum four times clock on this day. I agree and understand the excessive misuse of the time clock can result in a corrective action.

Employee Signature

Date:

Supervisor Signature (Approval)

Date:

Payroll Date Received: _____

Payroll Date Processed: _____