

Missed Punch Form

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