



Time Clock Adjustment Form

Employee Name: _____

Job Title: _____

Time Clock Correction

Date	Time Start	Time End	Reason for Missed Punch

I am requesting the above missed punch correction(s) to my timecard, which is necessary to accurately record the time that I worked. I attest that the requested changes are complete and accurate.

I acknowledge by signing below that I understand that I am required to record time clock punches at the start and end of each shift and for all rest and meal breaks. Not punching in/out as required can result in disciplinary action up to and including termination.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____