Please enter Employee Name Here

TIME CLOCK CORRECTION FORM

NO CHANGES WILL BE MADE WITHOUT THIS FORM

ON: _____
DATE

I FORGOT TO:

_____ CLOCK IN _____ CLOCK OUT _____ CHANGE CODE

FOR MY:

_____ A.M. PUNCH

_____ P.M. PUNCH

_____ OTHER

THE TIME WAS:

_____ ☐ A.M. ☐ P.M.

COMMENTS:

I UNDERSTAND THAT THIS FORM WILL BE FILED IN MY EVALUATION FILE AND ANY ERROR ON MY PART WILL BE REFLECTED IN MY YEARLY EVALUATION.

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
SUPERVISOR'S APPROVAL DATE

CORRECTION ENTERED ON _____/_____/_____ BY _____

CC: EVALUATION FILE