

# TIME CLOCK MODIFICATIONS

Please complete and give to your supervisor within 48 hours of event (if possible).

Name \_\_\_\_\_ SS # \_\_\_\_\_

Date \_\_\_\_\_

## Information to be added or changed:

Missed Punch Date \_\_\_\_\_ Time \_\_\_\_\_

Missed Punch Date \_\_\_\_\_ Time \_\_\_\_\_

Missed Punch Date \_\_\_\_\_ Time \_\_\_\_\_

Missed Punch Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for missed punch(s) \_\_\_\_\_

\_\_\_\_\_

Punch Change Date \_\_\_\_\_ Describe change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leave Type \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_

Leave Type \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_

Leave Type \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_

**Signature of Employee** \_\_\_\_\_

**Modification(s) approved by** \_\_\_\_\_

### Office Use Only

Date Modified \_\_\_\_\_ Modified By \_\_\_\_\_