Missed Punch/Exception Form

Employee Name _____   **Campus/Department** _____

Employee ID# _____

Missed Punch

Date	Time In	Time Out	Check Reason				
			Forgot Punch	**Clocks not Working**	**Double Punch**	**Other**	

I authorize the change(s) to my timecard selected above.

_____   _____
Employee Signature   **Date**

_____   _____
*Manager Signature   **Date**

*Manager signature may not be necessary.

***For Office Use Only**

_____
Adjusted By

_____
Date

EDITOR/APPROVER – ATTACH THIS FORM TO THE EMPLOYEE'S RECORD ONCE CHANGE HAS BEEN MADE.