



Time Clock Correction Form

EMPLOYEES: If a punch is missed, or needs a correction, please complete this form and return it to your supervisor. Use a separate form for each date. Enter the ACTUAL time you arrived, or left, NOT your scheduled time.

SUPERVISORS: Please enter correction not later than the timesheet due date. This form should be submitted to the Human Resources/Payroll Office. Please make a copy of this form and save for your documentation.

Name:	Student OR Employee ID#:	Supervisor:
Record your correction below. Sign and return to supervisor.		
Date:	In-Time AM PM	Out-Time AM PM
Required: Reason for correction:		
Employee Approval: I certify that the information reported above reflects the accurate correction needed for the Time Clock.		
_____ Signature		_____ Date

OFFICE USE ONLY

Supervisor Approval: I certify that I have first-hand knowledge or other suitable means of verifying the correction is accurate and needed to reflect the proper time by the employee.	
_____ Signature of supervisor	
Corrected by payroll office: _____	_____ Date