

TIME CARD EDIT FORM

Name: RACHEL

Department: _____

Today's Date: SEP 3

Date of Missed Punch: _____

Missed Punch: _____

Clock In: 8am

Lunch In: _____ am/pm

Reason: _____ am/pm

Lunch Out: _____

Clock Out: 8 PM am/pm

Employee Signature: Rachel Muns am/pm

Supervisor Signature or Initials: _____

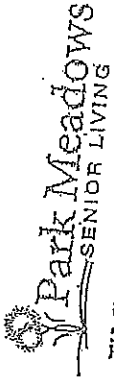
Manager Use Only

☐ Punch has been corrected in UltiPro

BOM Signature or Initials: _____

Place a copy of this form in employee File

Please give completed form to Supervisor within 24hrs of missed punch



TIME CARD EDIT FORM

Name: RACHEL MALLIN Today's Date: 9-4-19

Department: _____

MISSED PUNCH

Date of Missed Punch: _____

Missed Punch: _____

Clock In: 9am

Lunch In: _____ am/pm

Reason: _____ am/pm

Lunch Out: _____

Clock Out: 8pm am/pm

am/pm

Employee Signature: Rachel Mallin

Manager Use Only

Supervisor Signature or Initials: _____

☐ Punch has been corrected in UltiPro

BOM Signature or Initials: _____

Place a copy of this form in employee file

Please give completed form to Supervisor within 24hrs of missed punch