TIME CLOCK FEEDBACK FORM

Employee Name (PRINT): Joel Barragan Valdez

Employee Signature: _____

DATE: 11/09/20

REASON for missed punch: _____

IN 3:00 PM MEAL START _____ MEAL END _____ OUT 7:00PM

#1 Manager/Charge Nurse signature for IN punch & meal

#1 IN Signature: _____

#1 PRINT: _____

#2 Manager/Charge Nurse signature for OUT punch & meal

#2 OUT Signature: _____

#2 PRINT: _____

TIME CLOCK FEEDBACK FORM

Employee Name (PRINT): Joel Barragan Valdez

Employee Signature: _____

DATE: 11/11/20

REASON for missed punch: _____

IN 10:30 MEAL START _____ MEAL END _____ OUT 3:30PM

#1 Manager/Charge Nurse signature for IN punch & meal

#1 IN Signature: _____

#1 PRINT: _____

#2 Manager/Charge Nurse signature for OUT punch & meal

#2 OUT Signature: _____

#2 PRINT: _____

TIME CLOCK FEEDBACK FORM

Employee Name (PRINT): Joel Barragan

Employee Signature: _____

DATE: 11/13/20

REASON for missed punch: _____

IN 10:00AM MEAL START 2PM MEAL END 2:30PM OUT 8:42PM

#1 Manager/Charge Nurse signature for IN punch & meal

#1 IN Signature: _____

#1 PRINT: _____

#2 Manager/Charge Nurse signature for OUT punch & meal

#2 OUT Signature: _____

#2 PRINT: _____