

Employee Miss A Punch Authorization Sheet

Employee Name: _____

Employee Number: _____

Job Title: _____

Date: _____ Time In _____ Time Out _____

Date: _____ Time In _____ Time Out _____

Date: _____ Time In _____ Time Out _____

If more spaces are needed, use another Miss A Punch Form

Employee Signature

Date

Supervisor Signature

Date

Once this form has been completed, please forward to Heidi immediately.

Office Use Only:

Correction Date: _____

Employee Error

NOT Employee Error