Tracking Number:_____

TIME CLOCK MISSED PUNCH REQUEST FORM

Employee Name: Please Print		Employee ID#:			
Date of Missed Punch:					
Type of Missed Punch:					
Check one or list on line below		Time of Missed Punch			
Initial Clock in for the Day/Shift Clock out for Lunch Clock back in from Lunch Clock out End of Day/Shift Other - Please List Below					
			Reason for Missed Punch:	Clock not working I forgot Other	(explain below in detail)
			Approval from the employee Clock Manager editing time.	e's immediate superv	isor shall be obtained prior to Time
			offense.		
Employee's Signature	Date Signe	Work Location			
Supervisor's Signature	Date Sign	ed			
Date Edit Completed Change		dministrator Signature			

Submit completed Missed Punch form to SCAN's HR Department no later than next business working day