



MISSSED PUNCH / ADJUSTMENT REQUEST

MPA#111608

The purpose of this form is used to report a missed card swipe. This form must be authorized by your immediate supervisor and Business Manager submitted to the payroll clerk for proper adjustment. Please complete one request per missed punch.

REQUESTER

Employee's Name:

Card Number:

Date Missed:

Correct Time In:

Correct Time Out:

Employee's Signature:

Date:

Director Signature:

Date:

Business Manager Signature:

Date:

OFFICE USE ONLY

DATE RECEIVED:

ADJUSTMENT COMPLETED: