

MSAD #54

Time and Attendance Adjustment Slip

Employees: If a punch is missed, please complete this form and return it to your supervisor the next work day. **Use a separate form for each date.** Enter the actual time you arrived and left, not your scheduled time.

Supervisors: Please enter missing punches no later than the last day of a payroll period. The form should then be submitted to Payroll.

Employee Name (Print):	Employee ID#:
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Record your missed punches below, sign and return to your supervisor.

<u>Reason</u>	<u>Date</u>	<u>In Time</u>	<u>Circle One</u>	<u>Out Time</u>	<u>Circle One</u>
<input type="checkbox"/> Missed Punch			AM/PM		AM/PM
<input type="checkbox"/> Transfer Code: _____			AM/PM		AM/PM
<input type="checkbox"/> Other (specify) _____			AM/PM		AM/PM

I certify that the adjustments reported above represent the punches missed on the Time Clock.

Employee Signature:	Date:
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I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by the employee.

Supervisor Signature:	Date:
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For Payroll Use Only
<input type="checkbox"/> Correction Verified
Comments: _____