

# TIME CLOCK EXCEPTION FORM

**\*\*\*Please note: Incomplete forms will be returned\*\*\***

NAME	<input type="text"/>	EMP. NO.	<input type="text"/>
DEPT	<input type="text"/>	DATE OF MISSED	<input type="text"/>

## TIME OF MISSED PUNCH

Check one or list on line below (write time of missed punch)

<input type="text"/>	Initial Clock in for the Day/Shift	<input type="text"/>	Clock back in from lunch
<input type="text"/>	Clock Out for lunch	<input type="text"/>	Clock out end of day/shift
<input type="text"/>	Other - please list _____		

## REASON OF MISSED PUNCH

<input type="text"/>	Machine not working	<input type="text"/>	I forgot
<input type="text"/>	Clocking no captured	<input type="text"/>	Other (explain below in detail)

I attest that the changes requested are complete and accurate. I understand that missed punches can lead to disciplinary action, up to and potentially including termination, depending on the severity or repeat nature of the offense.

### NOTE :

1. Approval from the employee's immediate superior shall be obtained prior to submitted to HR Department.
2. Submit completed TIME CLOCK EXCEPTION FORM to HR Department no later than next business working day.

Requested by (Employee)	Approved by (H.O.D)	Administrator (HRD)
Name :	Name :	Name :
Date :	Date :	Date :