Attendance Correction Form

This form is required in order to request changes to attendance systems.

Full Name of Requestor	Division		Requested Date
NIK	PIN		Requested Correction Month

Request Reason: *(Mandatory Field)*

Reason / Type Description *As per policy*	From Date *(dd/mm/yyyy)*	End Date *(dd/mm/yyyy)*	Time In *(hh/mm)*	Time Out *(hh/mm)*

Hereby I declare any deception of company's regulation will be sanctioned based on Company's Regulation.

Requestor: **Supervisor Requestor:**   **Team Manager / Div. Head / Director / CEO / MD:**

..(Signature & Full Name)........   ..(Signature & Full Name)............   ..(Signature & Full Name)....................

Date: **Date:**   **Date:**