



GISD MISSED PUNCH FORM

EMPLOYEE NAME: _____
(PLEASE PRINT)

TODAY'S DATE _____

REASON FOR EDIT: (CHECK ONLY ONE)

DATE TO EDIT: _____

- DID NOT CLOCK **IN** AT BEGINNING OF SHIFT
- DID NOT CLOCK **OUT** AT LUNCH
- DID NOT CLOCK **IN** AT LUNCH
- LEFT WITHOUT CLOCKING **OUT**
- OTHER: (PLEASE EXPLAIN BELOW)

IN: _____
 LUNCH OUT: _____
 LUNCH IN: _____
 OUT: _____

ADDITIONAL OR OTHER EMPLOYEE/EMPLOYER EXPLANATION:



EMPLOYEE SIGNATURE: _____

TIME RECORDED IN
TIMECLOCK BY: _____

MUST BE COMPLETED AND SUBMITTED TO SUPERVISOR WITHIN 24 HOURS.



GISD MISSED PUNCH FORM

EMPLOYEE NAME: _____
(PLEASE PRINT)

TODAY'S DATE _____

REASON FOR EDIT: (CHECK ONLY ONE)

DATE TO EDIT: _____

- DID NOT CLOCK **IN** AT BEGINNING OF SHIFT
- DID NOT CLOCK **OUT** AT LUNCH
- DID NOT CLOCK **IN** AT LUNCH
- LEFT WITHOUT CLOCKING **OUT**
- OTHER: (PLEASE EXPLAIN BELOW)

IN: _____
 LUNCH OUT: _____
 LUNCH IN: _____
 OUT: _____

ADDITIONAL OR OTHER EMPLOYEE/EMPLOYER EXPLANATION:



EMPLOYEE SIGNATURE: _____

TIME RECORDED IN
TIMECLOCK BY: _____

MUST BE COMPLETED AND SUBMITTED TO SUPERVISOR WITHIN 24 HOURS.