City of Hammond

Payroll Department
Time Clock Punch Error
Correction Form

Department: _____

Employee Name: _____

Employee Number: _____

Date Work	Clock In	Clock Out	Reason not Punched
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____
_____	_____ : _____ AM PM	_____ : _____ AM PM	_____

Instructions:
Please *print* the employee's name, number, date worked, missing punch time and reason for *not punching*.

Please only enter the *missing* punches on this form.

It is important that this form accompany the signed time sheet sent to payroll so that the employee's time record can be documented for manual entries to the KRONOS Time Keeper tm system.

_____   _____
                Employee's Signature   Supervisor's Signature