



# Forgot-To-Clock And Time Changes Form

Use this form for additions, changes or adjustments to your clocked time. Use an Absence Report for leave time.

**IMPORTANT!!!**  
*Complete ALL information*  
Items left out may affect your pay. Send completed form immediately to office.

Employee Number \_\_\_\_\_ Name \_\_\_\_\_ Location \_\_\_\_\_

DATE	TIME	CIRCLE ONE: Clock IN Clock OUT Change _____
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Employee Signature \_\_\_\_\_ Supervisor Confirmation \_\_\_\_\_



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