



Time Sheet

Use this form when your time needs to be adjusted

Today's Date _____

Employee _____ Employee # _____

Please identify and mark the reason you were unable to clock in or out.

Notes:

Please identify and mark if time was Overtime

Forgot	Locked out of building	Time clock not working	No clock available	
Other:		Overtime		
Location	Time In:	Date:	Time Out:	Date:
Supervisor's Approval:				

Please identify and mark the reason you were unable to clock in or out.

Notes:

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Location	Time In:	Date:	Time Out:	Date:
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Location	Time In:	Date:	Time Out:	Date:
Supervisor's Approval:				

Employee Signature _____