

KRONOS MISSED PUNCH REPORT

ALL EMPLOYEES WILL BE REQUIRED TO COMPLETE THIS FORM WHEN HIS/HER ID BADGE HAS NOT BEEN USED TO RECORD TIME WORKED.

NAME _____

DATE _____

SCHOOL or DEPARTMENT _____

SUPERVISOR or PRINCIPAL _____

Date _____ **Time In** _____ **Time Out** _____ **Reason** _____

Date _____ **Time In** _____ **Time Out** _____ **Reason** _____

Date _____ **Time In** _____ **Time Out** _____ **Reason** _____

Date _____ **Time In** _____ **Time Out** _____ **Reason** _____

Date _____ **Time In** _____ **Time Out** _____ **Reason** _____

My signature certifies the accuracy of the information provided on the form.

EMPLOYEE'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____