AGENCY EMPLOYEE TIMEKEEPING CORRECTION FORM

NOTICE: The employee should only complete this form if
(1) The employee missed a clock-in or clock-out
(2) Unable to take a lunch
(3) Stayed beyond end of scheduled shift

Employee Name: _____

Agency: _____ Branch: _____

Unit Manager/Supervisor: _____

Check one: Date

☐ _____ Missing Clock-In Time Actual work start time: _____ a.m. p.m.

☐ _____ Missing Clock-Out Time Actual work end time: _____ a.m. p.m.

☐ _____ No Lunch Taken Time _____ mins.

☐ _____ Late Clock-Out Time Punched _____ a.m. p.m. Actual work End Time _____ a.m. p.m.

Reason/Comments:

_____

_____

_____

Employee Certification:

The times listed above are an accurate statement of actual time worked. All above adjustments must have an explanation to be paid. Must be signed by manager or supervisor to be paid.

_____
Employee Signature Date

_____
Manager's Signature Date

_____
ANS/ HAM / Nurse Manager (if applicable) Date

This form must be completed for every instance where the clocked time is changed or needs to be edited in Shiftwise. Forward these sheets immediately each pay period to _____ Fax: _____ Keep a copy for your records. Please call your agency if you have any questions. Thank you.