



# Time Clock Correction Form

**EMPLOYEES:** If a punch is missed, or needs a correction, please complete this form and return it to your supervisor. Use a separate form for each date. Enter the ACTUAL time you arrived, or left, NOT your scheduled time.

**SUPERVISORS:** Please enter correction not later than Tuesday for the prior week. This form should be submitted to the HR by email at payroll@horizonshealthcareagency.com. Please make a copy of this form and save for your documentation.

Name:	Position:	Supervisor:
Record your correction below. Sign and return to supervisor.		
Date:	In-Time AM                      PM	Out-Time AM                      PM
Required: Reason for correction:		
<b>Employee Approval:</b> I certify that the information reported above reflects the accurate correction needed for the Time Clock.		
_____ Signature		_____ Date

## OFFICE USE ONLY

<b>Supervisor Approval:</b> I certify that I have first-hand knowledge or other suitable means of verifying the correction is accurate and needed to reflect the proper time by the employee.	
<input type="checkbox"/> Corrected	
_____ Signature	_____ Date