

Time Clock Exception Form

Employee Name					Date	
Date	In	Out	In	Out	Reason	
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Additional Comments	_					
Additional Comments	5					
Cuparisar Comment						
Supervisor Comment	.S					
This is a legal document. By completing and signing this form you are giving permission						
to add or change your existing timecard.						
Employee Signature						
Central office:						
		Signat	ro			
Date updated	I	Signat	ure			