FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

First Name:	Las	t Name:	
Department:	Date of Missed Punch:		
Reason for Punch:			
Time In	АМ	PM	
Time Out	АМ	PM	
Time In	АМ	PM	
Time Out	АМ	PM	
Employee Signature:		Date:	
Supervisor Signature:		Date:	
Has been updated and confirmed by s	supervisor in Pay	com Entry	
**Note: Both Employee & Supervisor are	required to add th	nis time and must be submittea	l to payroll

submit box prior to 8:00 AM on Monday of pay week to be included on that paycheck.