



Time Clock Correction

Employee Name: _____

Date of Occurrence: _____

Arrival Time: _____ A.M. P.M.

Lunch Out: _____ A.M. P.M.

Lunch In: _____ A.M. P.M.

Departure Time: _____ A.M. P.M.

Reasons for correction: _____

I agree to the best of my knowledge that these are the hours I worked on the date mentioned above. I give either my supervisor and/or hospital manager permission to adjust my time clock according to this work sheet.

Employee Signature: _____ Date: _____

For Office Use Only:

Supervisor/Manager Signature: _____ Date: _____