



## 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: \_\_\_\_\_

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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: \_\_\_\_\_