

Missed Punch Form

Employee Name:		Employee ID & Record #:	
Business Unit: UWMSN	Department: Waisman Center		
Supervisor Name:		Working Title:	

Record your missed punches below, sign and return to your supervisor for approval.

Date:	Time In:	Lunch Out:	Lunch In:	Time Out:

Employee Approval:

I certify that the punches reported above represent the punches missed in my timesheet for this period.

Employee Signature

Date

Supervisor Approval:

I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by this employee.

Supervisor Signature

Date

