

TIME CLOCK CORRECTION REQUEST FORM

Employee Name: _____ Employee ID: _____

Department: _____ Supervisor: _____

Date(s) and Time(s) to be Corrected:

Date: _____ Original Clock-in Time: _____

Original Clock-out Time: _____ Corrected Time: _____

Reason for Correction:

Employee Certification:

I certify that the information provided in this correction request is true and accurate to the best of my knowledge, and that the correction requested is legitimate and necessary. I understand that falsifying time records is a serious violation of company policy and may lead to disciplinary action, up to and including termination of employment.

Employee Signature: _____ **Date:** _____

Supervisor Approval:

I have reviewed the above correction request and approve the changes as indicated. I acknowledge that these corrections comply with company policies and applicable laws.

Supervisor Signature: _____ **Date:** _____

Human Resources Use Only:

Reviewed by Human Resources: _____

Date: _____

Comments / Notes:

subject to review and approval by authorized personnel.
correction requests may constitute grounds for disciplinary action, including termination of employment and legal prosecution. All corrections are
This Time Clock Correction Request Form is governed by applicable United States federal and state laws. Submission of false or fraudulent time

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