

Missed Punch Log

Division : _____ **Pay Period Ending :** _____

By signing this log, I certify that the below-recorded time accurately and fully reflects the time that I worked during the designated pay period. I also certify that, during the above designated pay period, I was provided and I took all meal periods and rest periods to which I was entitled to take under law. If I disagree with any time entry or if I did not receive all of my meal and rest periods, I am aware that I am to contact my supervisor, manager, or Human Resources about any corrections.

Employee Name <small>(Please print clearly)</small>	Red ID	Date	IN	OUT	Locator <small>(if other than home locator)</small>	Reason	Employee Signature	Supervisor Signature
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
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			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				
			AM PM	AM PM				

Punches Entered by: _____ Date: _____