

EMPLOYEE TIME CARD CORRECTION FORM

1 on 1 Comprehensive Healthcare Solution

Employee Information

Employee Name: _____ Job Title: _____
Pay Period: _____ to _____ Correction Date: _____

Home Location (*check one*)

- Maple Grove Brooklyn Park Spring Lake Park St. Michael
 Bloomington 245-D Community Home Care
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Correction Details

Date of Error: _____

	Incorrect Time	Corrected Time
Clock In		
Clock Out		
Total Hours		

Reason for Correction

Signatures

By signing below, you attest that the information provided on this form is true and accurate. Knowingly submitting incorrect time is illegal and could lead to termination.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Submit completed form to Mawa Kamara or your direct supervisor within 48 hours of missing a punch. All forms must be submitted before 11:00 AM on Monday after the pay period ends.