



**Employee Timecard Correction Form**

NOTICE: The employee should only complete this form if...

- (1) The employee missed a clock-in or clock-out
- (2) Unable to take a lunch

Employee Name: \_\_\_\_\_

Unit Manager/Supervisor: \_\_\_\_\_

**Check One / Date**

Missing Clock-In Time      Actual work start time: \_\_\_\_\_ AM / PM

Missing Clock-Out Time      Actual work end time: \_\_\_\_\_ AM / PM

No Lunch Taken      Time: \_\_\_\_\_ mins.

Reason/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employee Certification**

The times listed above are an accurate statement of actual time worked. All above adjustments must have an explanation to be paid. **Must be signed by a manager or supervisor to be paid.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed for every instance where the clocked time is changed (edited). Forward these sheets each pay period to Job.com Healthcare Payroll Department. Keep a copy for your records. Thank you.

**Submit to payroll: FAX # (616) 365-9254 or [payroll@job.com](mailto:payroll@job.com)**