

**CENTER INDEPENDENT SCHOOL DISTRICT**  
**TIME CARD CORRECTION REQUEST FORM**

Employee Name \_\_\_\_\_ ID Number: \_\_\_\_\_

Campus/Department \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Missed Punch

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**Type of Missed Punch:**

- Initial Clock in for the Day
- Clock Out for Lunch
- Clock In from Lunch
- Clock Out at End of Day
- Clock Out for Break
- Clock In From Break
- Other \_\_\_\_\_

**Time of Missed Punch:**


Reason for Missed Punch: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**