SHIFTARO
SMARTER WORKFORCE DECISIONS

MISSED PUNCH CORRECTION FORM

1. EMPLOYEE AND SHIFT DETAILS

Employee name | Employee ID | Department / location | Company name

Pay period | Shift date | Scheduled start | Scheduled end

2. CORRECTION REQUEST

Error type | Reason for correction

Original time record

Clock-in | Clock-out | Break minutes

Requested corrected record

Clock-in | Clock-out | Break minutes

Employee explanation

3. EMPLOYEE CERTIFICATION

☐ I certify that the requested correction is accurate and reflects the time I actually worked.

Employee signature / typed name | Date submitted

4. MANAGER REVIEW

Decision | Manager name | Approval date

Payroll follow-up | Manager notes

☐ I confirm this correction has been reviewed and the final decision is documented.

RECORDKEEPING NOTE

Use this form as an operational template. Apply the rules and policies that cover your employees.
Store completed forms securely and follow applicable recordkeeping requirements.