



Lebanon R-3 School District Missed Punch Request Form

Employee Name: _____

Date: _____

Job Title: _____

Building: _____

Date of Missed Punch: _____

Type of Missed Punch:

- Clock In _____am/pm
- Lunch/Personal Out _____am/pm
- Lunch/Personal In _____am/pm
- Clock Out _____am/pm

Reason for Missed Punch:

- Forgot
- Computer Issues
- System Down
- Other: _____

Employee Signature

Date

Supervisor Signature

Date

Office Use Only: Date Recvd: _____ Date Entered: _____ By: _____



Lebanon R-3 School District Missed Punch Request Form

Employee Name: _____

Date: _____

Job Title: _____

Building: _____

Date of Missed Punch: _____

Type of Missed Punch:

- Clock In _____am/pm
- Lunch/Personal Out _____am/pm
- Lunch/Personal In _____am/pm
- Clock Out _____am/pm

Reason for Missed Punch:

- Forgot
- Computer Issues
- System Down
- Other: _____

Employee Signature

Date

Supervisor Signature

Date

Office Use Only: Date Recvd: _____ Date Entered: _____ By: _____