Request for Time Clock Override
** All blanks must be completed **

** <u>ONE DAY PER FORM</u> **

Badge # _____

_____
Name

Worksite _____

Please approve an override for _____
Date (mm/dd/yyyy)

Time In	Time Out	Time In	Time Out

Reason for Override (in detail):

_____   _____
Employee Signature   **Date**

All Overrides must be requested, and processed, within 48 hours of the incorrect or missing punch.
Overrides must be submitted by the requesting employee only.

Do Not Write in this Space - Processing Use Only

Date Posted _____

Override Code:
☐ Athletics - PT Coach   ☐ New Hire - Not Enrolled
☐ Computer Problems   ☐ Forgot to Clock In/Out
☐ Scanner Error   ☐ Duplicate Punch Removed

Posted By _____

☐ Supervisor Permission (please explain)

Supervisor
Signature _____

Date _____

Please submit this original to the payroll office with the payroll service report.

<u>Payroll Use Only</u>

Additional Input Required
☐ Yes
☐ No

If Yes, please explain
_____
_____

Verified _____

Initials _____