MONTCLAIR STATE UNIVERSITY | University Facilities

Missed Punch Form

Name:		**CWID#:**	
Supervisor:		**Unit/Job Title:**	
Record your missed punches below, sign and return to your supervisor.			

Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐
Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐
Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐
Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐
Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐
Date:	**In Time:**	**AM** ☐ **PM** ☐	**Out Time:**	**AM** ☐ **PM** ☐

REASON:			
Employee Approval: I certify that the punches reported above represent the punches missed in Kronos.			
Signed:		**Date:**	
Supervisor Approval: I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by the employee.			
Signed:	__	**Date:**	

Transfer hours to Kronos Timecard if still “open” for editing and approvals. Prior hours missed must be posted on a timesheet for the pay period worked.

Notes:

Original: Supervisor/Timekeeper **Copy:** Director/Manager, Department Head/AVP