

# Attendance Correction Form

Please complete this form to request corrections to your attendance record. Each correction must include a clear reason for transparency.

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

## Correction Details

Date of Attendance	Original Time In	Original Time Out	Corrected Time In	Corrected Time Out	Reason for Correction	Employee Initials	Supervisor Approval
2024-06-01	08:30	17:00	09:00	18:00	Doctor's appointment delayed arrival		
2024-06-05	08:00	16:30	08:15	17:00	System error-forgot to log out		
2024-06-12	--	--	09:00	18:00	Missed punch due to urgent meeting		

## Certification

I hereby certify that the above corrections are true and necessary. I understand making false claims may result in disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_