

GREATER BALTIMORE MEDICAL CENTER
TIME AND ATTENDANCE
MISSED TIME STAMP FORM

Employee Name: _____
 Employee ID: _____
 Today's Date: _____

Date	In	Out	Time

Reason for Missed Time Stamp: _____

Employee Signature: _____

Manager Signature: _____

DIRECTIONS

Purpose:

When you miss a time stamp on your timecard, please complete a Missed Time Stamp Form. This form notifies your supervisor of the information that needs to be corrected on your timecard.

Instructions:

1. Please fill in your Name, Employee ID, and the Date you are filing the form.
2. In the Missed Time Stamp Box, complete the following:
 - Date: Date of the missed time stamp
 - In/Out: Mark if it was a Time Stamp In or Time Stamp Out
 - Time: Indicate what time the time stamp should have occurred
3. Please remember to indicate the reason for the missed time stamp, sign and date the form, and turn it in to your supervisor.

Example:

If you forget to time stamp out on April 9th at 5:04, the Missed Time Stamp Box should look like the following:

Date	In	Out	Time
4/09/03		X	5:04pm