



OHA SOLUTIONS

**AGENCY EMPLOYEE TIMEKEEPING CORRECTION FORM**

NOTICE: The employee should only complete this form if

- (1) The employee missed a clock-in or clock-out
- (2) Unable to take a lunch
- (3) Stayed beyond end of scheduled shift

Employee Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Branch: \_\_\_\_\_

Unit Manager/Supervisor: \_\_\_\_\_

Check one: Date

- \_\_\_\_\_ Missing Clock-In Time Actual work start time: \_\_\_\_\_ a.m.  
p.m.
- \_\_\_\_\_ Missing Clock-Out Time Actual work end time: \_\_\_\_\_ a.m.  
p.m.
- \_\_\_\_\_ No Lunch Taken Time \_\_\_\_\_ mins.
- \_\_\_\_\_ Late Clock-Out Time Punched \_\_\_\_\_ a.m. Actual work End Time \_\_\_\_\_ a.m.  
p.m. p.m.

Reason/Comments:

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***Employee Certification:***

The times listed above are an accurate statement of actual time worked. All above adjustments must have an explanation to be paid. **Must be signed by manager or supervisor to be paid.**

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

\_\_\_\_\_  
Manager's Signature Date

\_\_\_\_\_  
ANS/ HAM / Nurse Manager (if applicable) Date

This form must be completed for every instance where the clocked time is changed or needs to be edited in Shiftwise. Forward these sheets immediately each pay period to \_\_\_\_\_ Fax: \_\_\_\_\_ **Keep a copy for your records.** Please call your agency if you have any questions. Thank you.