

TARGET CENTER

PUNCH CORRECTION FORM

If you did not clock in / out for your shift or are owed Premium Pay (non-union), it is your responsibility to complete this form and give it to your supervisor for approval.

- No changes to your time record can be made without this completed and approved form.
- Forms should be completed as soon as the error is realized.
- Incomplete forms will be returned to you prior to approval and may result in a delay in your pay for affected shift.
- All completed and approved forms must be received in payroll at least 10 days prior to payday to insure you will be paid properly.

Employee Name: _____

Department: _____

Event & Date: _____

| Punch Corrections | | | | |
|-------------------|----------|---------|-----------|---------|
| Date | Punch IN | | Punch OUT | |
| | | AM / PM | | AM / PM |

| Premium Pay | | | | |
|-------------|----------|---------|-----------|---------|
| Date | Punch IN | | Punch OUT | |
| | | AM / PM | | AM / PM |

Reason (Required for Punch Corrections only): _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Payroll Signature: _____ Date: _____