

BRONX LEBANON HOSPITAL CENTER
MISSING IN/OUT /LATE PUNCH AT THE KRONOS CLOCK

Date: _____

Separate form must submitted by Employee for each occurrence and must be approved by Department Head.

Employee Name: _____ **ID#** _____

Title: _____ **Dept #** _____

TIME IN: _____ **PM AM**

Date of Occurrence _____

TIME OUT: _____ **PM AM**

Date of Occurrence _____

REASON: _____

Employee Signature: _____

Approved by Department Head/Supervisor
(After approval please submit this form to your timekeeper/administrator)

Comments: _____

Signature: _____

Print: _____