Employee Time Clock Discrepancy Form

Employee Name	
Employee ID	
Department	
Date of Discrepancy	
ime In (Actual)	
ime Out (Actual)	
Type of Discrepancy	
20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_
Explanation / Comments	
Supervisor Name	
Date Submitted	