



CITY OF RIVIERA BEACH DAILY ATTENDANCE MISSED PUNCH FORM

EMPLOYEE INFORMATION

Name: _____ City ID Number: _____
(First, Middle, Last)

Department/Division: _____ Telephone Number: _____

Please use a separate "Daily Attendance Missed Punch Form" for each date that there are missed punches.
***Record your missed punches, sign and return to your immediate supervisor for approval.**

Date	Time In		Lunch Out		Lunch In		Time Out	
		<input type="checkbox"/> AM						
	<input type="checkbox"/> PM							

Mandatory: Please provide a brief explanation for the missing punches above:

For time clock issues, please state specific location of clock: _____

EMPLOYEE APPROVAL

I hereby certify that the punches reported above accurately reflect the missed punches on my timecard for this date.

Employee's Signature: _____ Date: ____/____/____
(Must be original signature) Month /Day /Year

SUPERVISOR AND DIRECTOR APPROVAL

I hereby certify that the punches reported above accurately reflect the missed punches for the employee listed above for this date.

Supervisor's Name: _____

Signature: _____ Date: ____/____/____
Month /Day /Year

Director's Name: _____

Signature: _____ Date: ____/____/____
Month /Day /Year

***Employees who inaccurately report their hours are subject to disciplinary measures, including termination, in accordance with Timekeeping Policy FN-23-001.**