

ADD/CHANGE PUNCH SLIP

EMP #:	DEPT:	
DATE:		
Add punch Add punch Add Punch Add punch	Change Punch:	From: to: From: to:

IN ORDER FOR YOUR TIME TO BE CHANGED, RETURN THIS FORM TO YOUR **MANAGER.**



ADD/CHANGE PUNCH SLIP

EMPLOYEE:		
EMP #:	DEPT:	
DATE:		
Add punch	Change Punch:	From:
Add punch Add Punch		to: From:
Add punch		to:
Employee's Signature:		

IN ORDER FOR YOUR TIME TO BE CHANGED, RETURN THIS FORM TO YOUR **MANAGER.**