



ADD/CHANGE PUNCH SLIP

EMPLOYEE: _____

EMP #: _____ DEPT: _____

.....

DATE: _____

Add punch _____

Add punch _____

Add Punch _____

Add punch _____

Change Punch:

From: _____

to: _____

From: _____

to: _____

Employee's Signature: _____

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



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