**Washington County School District**                                    **Location:_____**
Missed Swipe / Correction Form

☐ Missed Swipe          Date: _____          Time In-____:____ AM/PM   Time Out-____:____ AM/PM

                                                 Time In-____:____ AM/PM   Time Out-____:____ AM/PM

☐ Error on leave entry     Date entered: _____

                           Correct date:_____          Hours:_____

        Reason for request     _____

_____-_____-_____                          _____
        SS#                                             Employee Signature

_____                  _____
    Supervisor Signature                             Employee Name - please print

Form 218