

Washington County School District  
Missed Swipe / Correction Form

Location: \_\_\_\_\_

Missed Swipe

Date: \_\_\_\_\_

Time In- \_\_\_\_\_ : \_\_\_\_\_

Time Out- \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>  
<sub>PM</sub>

Time In- \_\_\_\_\_ : \_\_\_\_\_

Time Out- \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>  
<sub>PM</sub>

Error on leave entry

Date entered: \_\_\_\_\_

Correct date: \_\_\_\_\_

Hours: \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Name - please print

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