MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Time Entry Correction Form

KRONOS

NAME: _____ DATE: _____

Emp ID : _____ DEPT #: _____

TIME IN: _____ (beginning of shift) TIME OUT: _____ (at end of shift)

- ☐ Did **NOT** clock in for beginning of shift
- ☐ Did **NOT** clock out for end of shift
- ☐ Meeting Attendance
- ☐ Other
- ☐ System was down
- ☐ No meal break
- ☐ Education Attendance

Detailed Reason (required):

_____

EVENT: LOCATION: _____

TIME: _____ TRAVEL TIME: _____

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

Refer to Policy 10 (Compensatory Time) and Policy 11 (Overtime)

Print Form Reset Form