

## Eagle Mountain Saginaw ISD KRONOS AUTHORIZATION FORM

Employee Name:				Campus/Dept:		
Supervisor:				Pay Period Month:		
Record you	ır missed punch b	below, sign and return to	your supervisor.			
Date:	In Time: AM/PM	Punch Missed:	Reason:	☐ Forgot ☐ System Down ☐ Other:		
	Out Time: AM/PM	Punch Missed:	Reason:	☐ Forgot ☐ System Down ☐ Other:		
	In Time: AM/PM	Punch Missed:	Punch Missed: Reason: Forgot System Down Other: Explain:			
	Out Time: AM/PM	Punch Missed:	Reason:			
□ Ori Dat	ong Badge numbo ginal Punch chan e: Original	ges: Time:AM/PM C	hanged to:A	M/PM Reason for change:		
	ner, please specify	:				
<b>Employee Signature:</b> I certify that the punches reported above represent the punches missed in Kronos					Date:	
Supervisor Approval: I confirm that I have first-hand knowledge or other suitable means of verifying the work performed by the employee.					Date:	
Definitions:						
	-	h should reflect on Timecard		Start of Day or In from Lunch.		
	-	punch should reflect on Timecard		- Out to Lunch, End of Day		
Note to time Campus/Dep	keeping manager part.	:: All edits made mus	t nave a comment a	attached. Original filed at		
	If you have an	y questions, please call the	Payroll Departmen	t at <b>817 232-0880</b> or email:		
		D'Nan Dakan,	ddakan@ems-isd.r	<u>net</u>		

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