MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Time Entry Correction Form

KRONOS

NAME: _____   DATE: _____

EE ID: _____   DEPT #: _____

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

☐ Did **NOT** clock in for beginning of shift   ☐ System was down

☐ Did **NOT** clock out for end of shift   ☐ No meal break

☐ Meeting Attendance   ☐ Education Attendance

☐ Other

Detailed Reason (required):

_____

_____

_____

_____

EVENT: LOCATION: _____

TIME: _____   TRAVEL TIME: _____

EMPLOYEE'S SIGNATURE:

SUPERVISOR'S SIGNATURE:

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