

MISSING / LOST BADGE

EMPLOYEE NAME _____ DATE _____

TIME IN _____ SUPERVISOR INITIAL _____

MEAL TIME: OUT _____ / IN _____ SUPERVISOR INITIAL _____

TIME OUT _____ SUPERVISOR INITIAL _____

- NOTE: YOU MUST HAVE THE SUPERVISOR INITIAL THE FORM AND VERIFY YOUR ARRIVAL TIME AND DEPARTURE TIME WHEN IT OCCURS, NOT AT THE END OF YOUR SHIFT. SLIP MUST BE TURNED IN THAT DAY.

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★ PLEASE SEE HR TO BE FINGER PRINTED FOR THE TIMECLOCK