

WEST POINT CONSOLIDATED SCHOOL DISTRICT  
FAILURE TO CLOCK IN/OUT REPORT

School/Department \_\_\_\_\_

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date and Time of Occurrence \_\_\_\_\_

Correct Date and Time \_\_\_\_\_

Please mark one of the following as reason for failure to clock in/out:

\_\_\_\_\_ Forgot

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_ Emergency situation - please give detailed explanation: \_\_\_\_\_

Based on policy GBRCB, for every 30 days in which no incident occurs, an incident will be removed from the employee's file/record - please mark one of the following:

\_\_\_\_\_ First incident - verbal warning

\_\_\_\_\_ Second incident - written warning from supervisor

\_\_\_\_\_ Third incident - written warning from Superintendent

\_\_\_\_\_ Fourth incident - written notice of day off with pay\*

\_\_\_\_\_ Fifth incident - review by Superintendent required\*

\* - Fourth and fifth incident will be reviewed by the Business Manager/Superintendent

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

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

Adopted Date: 10/13/2015

Approved/Revised Date: