



HATTIESBURG PUBLIC SCHOOL DISTRICT
BOARD OF TRUSTEES & OFFICE OF THE SUPERINTENDENT

ATTENDANCE SYSTEM
MISSED HAND SCAN FORM

EMPLOYEE NAME

PAYROLL NUMBER

SCHOOL/LOCATION

POSITION

DATE OF MISSED SCAN

DAY OF WEEK

____ AM PM
Time In (check one)

____ AM PM
Time Out (check one)

____ AM PM
Time In (check one)

____ AM PM
Time Out (check one)

Explanation required: _____

I certify that the above employee information is accurate. I understand that I could be terminated for providing false information.

Employee Signature

Supervisor Signature

I certify that the above employee information is accurate. I understand that I could be terminated for attesting to false information.

Employee Witness Signature

Note: Must be returned to Site Payroll Manager within two days of missed hand scan!

Office Only: Recieved _____ DATE	Entered _____ DATE	Copy to Payroll _____ DATE
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