

**Meade County
Missed Hours Form**

Employee Name _____ **Employee #** _____ **Date** _____

Job Title _____ **Dept** _____

of Hours Missed _____

Dates and Explanation

DISCLAIMER AND SIGNATURES

I understand and acknowledge that by signing this document, I am verifying that the dates and hours reported above are true and accurate, and this form will supplement and/or replace the official payroll record as submitted in Time Entry.

Employee: _____ Date: _____

Department Head: _____ Date: _____

HR Office: _____ Date: _____