

***ALL QUESTIONS MUST BE ANSWERED IF APPLICABLE OR THE FORM WILL NOT BE PROCESSED**

Kronos Daily Exception Form

Return Form to Timekeepers@wdhospital.org

FORM MUST BE COMPLETED DAILY AND SENT TO WDH TIMEKEEPING DEPARTMENT

SIGN IN

Date	Cost Center/Job (If applicable)	Sign IN Time	1. Have you performed any work duties since you last signed out?		Explanation (ex: work from home, forgot to punch, clock unavailable etc)

SIGN OUT

Date	Cost Center/Job (If applicable)	Sign OUT Time	1. Did you have a continuous, uninterrupted meal period of at least 30 minutes since you last signed in?	2. Are the sign-in and sign-out times recorded for you today accurate?	Explanation (ex: work from home, forgot to punch, clock unavailable etc)

LUNCH PUNCHES

Date	Cost Center/Job (If applicable)	Meal START	Meal END	Explanation (ex: forgot to punch, clock unavailable etc)

ALL OTHER EXCEPTIONS

By submitting this Form, I acknowledge that the above information is accurate:

Employee Print Name

Employee Signature

Employee ID (include job identifier for multi-job employees)*

Please ask manager on unit or your timekeeper if you do not know this