



Pushmataha Hospital & Home Health

***Time Correction Form/
Notes for Human Resources***

Name: _____ Emp. ID# _____ *[required]*

Date: _____ Dept. _____

In time: _____ Lunch out: _____

Lunch in: _____ Out time: _____

Reason for Error: _____

**Please use military time when entering your time on this form. If you have automatic lunch deduction, just leave the lunch time blank.*

Notes to Human Resources: _____

