



## Check-in / Check-out Oversight Form

### Employee Information

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

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Attendance Correction Request

Date of Oversight: \_\_\_\_\_

 Check-In Missed Time: \_\_\_\_\_

 Check-Out Missed Time: \_\_\_\_\_

Reason for Oversight: \_\_\_\_\_

### Declaration by Employee

I hereby confirm that the above information is accurate to the best of my knowledge and request correction in the attendance record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Recommended**    **Not Recommended**

\_\_\_\_\_  
**Department Head / Controlling Office**

Approved    Not Approved

\_\_\_\_\_  
**Prof. Dr. Athar Mahboob, T.I.**  
**Vice Chancellor**

Registrar Office: \_\_\_\_\_

Finance Department: \_\_\_\_\_