

Kronos Exception Form

This form must be completed by all Health System colleagues for any adjustment to a time record.
 The approved form will be entered by the department timekeeper or manager into Kronos.
The form must be retained for a minimum of three (3) years.

Process Level: _____ Dept #: _____ Dept Name: _____
 Employee Number: _____ Pay Ending: ____/____/____
 Last Name: _____ First Name: _____

The above fields are required. Please complete them with the appropriate information

EXCEPTIONS TO BE ADDRESSED

To provide a correction for a punch or to indicate an interrupted/missed meal, complete the boxes beneath the headers.

Enter the date, appropriate punch with the Actual time (Not Rounded), indicate if a meal was taken or interrupted/missed and the reasons for the correction. Also if the time should be charged to another department, list the department number.

DATE:	In Time:	Out Time:	Meal Taken:	Interrupted/ Missed meal:	REASON:	DEPT
1.						
DATE:	In Time:	Out Time:	Meal Taken:	Interrupted/ Missed meal:	REASON:	DEPT
2.						
DATE:	In Time:	Out Time:	Meal Taken:	Interrupted/ Missed meal:	REASON:	DEPT
3.						
DATE:	In Time:	Out Time:	Meal Taken:	Interrupted/ Missed meal:	REASON:	DEPT
4.						
DATE:	In Time:	Out Time:	Meal Taken:	Interrupted/ Missed meal:	REASON:	DEPT
5.						

Employee Signature _____ Date: ____/____/____

Department Authorization: _____ Date: ____/____/____

Kronos Time Keeper/Manager Entry

Date Entered: ____/____/____ By: _____

Comments: