



ENEMY SWIM DAY SCHOOL

"Home of the Lakers"

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PAYROLL DEDUCTION FOR MISSING PUNCH

ESDS Employee – please complete the top portion of this form, you may then give the form to your supervisor for further completion.

Employee name : _____ Date: _____

I understand that I will be charged one \$1.00 per time clock punch that I have missed.

Employee Signature: _____

Supervisor Section

Supervisor – please complete the dates and times below for any missed punch times for your employee. This form will need to be turned in to Human Resources by the end of each week.

I hereby verify that the above named employee was here for their scheduled shift on:

_____. They came to work at _____ and/or left
(date of missed punch) (In punch time)

at _____.
(OUT punch time)

Supervisor Signature: _____ date: _____

The mission of the Enemy Swim Day School is to provide for all students educational opportunities to maximize academic potential while fostering cultural pride to promote lifelong learning.