



ACE MISSED PUNCH FORM v2 (One Form Per Shift)

Today's Date: _____

Please Select One and enter time missed:

- I have missed a time punch entry
- I am correcting an incorrect time punch entry
- I am reporting tasks only

Comments

Please select which time punch option(s) you have entered that you would like to correct

- Time In
- Time Out

Employee First Name:

Employee Last Name:

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PIN #

Last four (4) digits of Social Security Number

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Consumer Name:

Consumer ID:

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Program ID (Required)

- PCA
- PCSP
- ICO
- VA-Bowel & Bladder
- Non Medical Transportation
- Travel
- Training

Worked Date _____ **Incorrect time** _____ **Correct time** _____

Tasks (Check the tasks – this required)

- Bed Mobility
- Eating / Hydration and Nutrition
- Medication Assist
- Bath/Shower
- Housekeeping
- Medication Reminder
- Dressing/Undressing
- Laundry
- Change in Status
- Grooming
- Range of Motion/Stretching
- Bowel and/or Bladder
- Toileting
- Grocery Shopping
- Service Animal Care
- Transfer/Mobility
- Errands
- Round Trip Non-Medical Transportation
- Meal Prep/Clean up
- Accompaniment per Care Plan
- One Way Trip Non-Medical Transportation
- Companionship **FOR ICO PROGRAM ONLY**

I Certify that the information supplied above is, to the best of my ability, accurate and true.

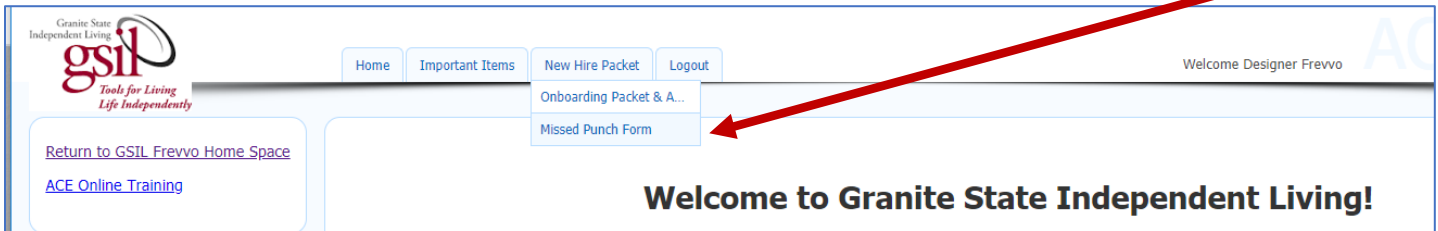
ACE Signature: _____ Date: _____

Consumer Signature: _____ Date: _____

How to send in your missed punch form.

1. Complete the electronic Missed Punch form which can be accessed online at www.gsil.org as soon as possible. On GSIL'S homepage, click on the **Become a Care Attendant** link, then click on the **Attendant Hub** link. Click the ACE **Missed Punch Form** (Digital) under **Timekeeping**, to access the form.

The direct link to the ACW Space is: <https://bit.ly/2xsKuXi> Click on the New Hire Tab and select **Missed Punch Form**



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