HCFAS SCM Finger Read Adjustment Form

Name: David Kaufman _____ Member #: 1390 _____

Date of change: 01/19/2021 _____ Shift day & time: Tuesday 1900 _____
Pull from drop down or select blank at the end

Reason:

- o Forgot to Finger **IN** at 16:45 _____ or/and **OUT** at _____.
- o Was unable to finger in due to call (enter call #) _____.
- o Machine did not accept finger read or not working.
  - o Rear door
  - o Dispatch office

  *Please notify Jim Mallilo at hmfd41@gmail.com
- o Mismatch in SCM (Shift appears on two different lines/ you did not finger in and out on same shift)

Comment:
On calls 000283 and 000286 and missed start of shift

*By signing below, I attest that all of the information filled out on this form is true and correct.

Member signature: _____

Captain Signature: _____

Adjustment made by: _____

HCFAS 4/2019