

## G. A. Carmichael Family Health Center

### Employee Accountability Biometric Recognition System Failure Form

This form will be used to report the inability to use the Biometric Hand Recognition System by any employee. Please complete the form, submit to supervisor for signature and follow any other requirements that were given to expedite this process.

1. **Employee Name** \_\_\_\_\_

2. **Site Location** \_\_\_\_\_

3. **Time attempted to sign-in or out** \_\_\_\_\_ : \_\_\_\_\_ **AM/PM** (please circle).

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_