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| INTRA-DEPARTMENTAL EXCEPTION REPORTING FOR ADMINISTRATORS, FACULTY & PROFESSIONALS | EMPLOYEE NAME | |
| | EMPLOYEE ID (790#) | |
| | PAY PERIOD ENDING | |

This form is for departmental use only and must be retained with department record for three (3) years beyond fiscal year. Do not submit to Human Resource Services.

| | SAT | SUN | MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | Total Hours |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
| <u>DATES</u> <i>(Record in hours below)</i> | | | | | | | | | | | | | | | |
| ANNUAL | | | | | | | | | | | | | | | |
| SICK | | | | | | | | | | | | | | | |
| HOLIDAY | | | | | | | | | | | | | | | |
| LEAVE W/O PAY | | | | | | | | | | | | | | | |
| JURY DUTY | | | | | | | | | | | | | | | |
| OTHER <i>(Please specify)</i> | | | | | | | | | | | | | | | |

I CERTIFY THAT THE ABOVE TIME RECORD IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE