INTRA-DEPARTMENTAL EXCEPTION REPORTING FOR
ADMINISTRATORS, FACULTY & PROFESSIONALS

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>EMPLOYEE ID (790#)</th>
<th>PAY PERIOD ENDING</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATES (Record in hours below)

ANNUAL

SICK

HOLIDAY

LEAVE W/O PAY

JURY DUTY

OTHER (Please specify)

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

EMPLOYEE SIGNATURE ___________ DATE ___________ 

SUPERVISOR SIGNATURE ___________ DATE ___________