

Time Card Exception Report

(Exempt Employees Only)

Department _____

Period Starting Date ____/____/____

Period Ending Date ____/____/____

EMPLOYEE SIGNATURE	EMPLOYEE NUMBER	NUMBER OF DAYS TAKEN				NO EXCEPTIONS
		VACATION	FLOATING HOLIDAYS	SICK	OTHER (Specify type of absence)	

By signing above, employee certifies that the above is an accurate reflection of all exceptions s/he is entitled to use and has used in the indicated time period.

Supervisor/Manager Signature _____

Date ____/____/____