



EXEMPT STAFF MONTHLY ATTENDANCE EXCEPTION REPORT

Employee Name: _____ Report Period: _____
(Month/Year)

Person Number: _____ Employment: ☐ Full Time: ☐ Part Time:

Note: *Full Time employees should report in days and quarter days. Part time employees should report in hours.*

If you work part time, please indicate the times you **normally** work.

Monday From: _____ To: _____
Tuesday From: _____ To: _____
Wednesday From: _____ To: _____
Thursday From: _____ To: _____
Friday From: _____ To: _____

VACATION LEAVE

FULL-TIME
No. Taken: _____ Days.

Date(s) _____

SICK LEAVE

No. Taken: _____ Days.

Date(s) _____

ACCRUED HOLIDAYS USED

No. Taken: _____ Days.

Date(s) _____

HOLIDAYS EARNED

No. Earned: _____ Days.

Date(s) _____

PART-TIME

No. Taken: _____ Hrs.

Date(s) _____

No. Taken: _____ Hrs.

Date(s) _____

No. Taken: _____ Hrs.

Date(s) _____

No. Earned: _____ Hrs.

Date(s) _____

| | Vacation Leave | Sick Leave | Holiday Leave |
|--------------------------|----------------|------------|---------------|
| Bal. Brought Forward | | | |
| Credit Earned This Month | | | |
| Sub-Total | | | |
| Charges | | | |
| Balance Carried Forward | | | |

Except for the absences noted above, I have been present as scheduled for this month.

_____/_____/_____
Employee Signature Date

_____/_____/_____
Project Director Signature Date

All Research Foundation Exempt Employees must complete this attendance report and submit the original to:
RF Human Resource Services, 120 Crofts Hall, North Campus, within 10 days after the completion of the month.