



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