



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) \_\_\_\_\_

**PART-TIME**  
No. Taken: \_\_\_\_\_ Hrs.  
Date(s) \_\_\_\_\_

SICK LEAVE

No. Taken: \_\_\_\_\_ Days.  
Date(s) \_\_\_\_\_

No. Taken: \_\_\_\_\_ Hrs.  
Date(s) \_\_\_\_\_

ACCRUED HOLIDAYS USED

No. Taken: \_\_\_\_\_ Days.  
Date(s) \_\_\_\_\_

No. Taken: \_\_\_\_\_ Hrs.  
Date(s) \_\_\_\_\_

HOLIDAYS EARNED

No. Earned: \_\_\_\_\_ Days.  
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.