



EXCEPTION REPORT FOR EXEMPT PERSONNEL

Name:	Department:	Month Ending:
-------	-------------	---------------

Employee Number:	RF Award/Project:	Delivery Drop:
------------------	-------------------	----------------

DATE(S)	VACATION	SICK LEAVE	OTHER (EXPLAIN)
TOTAL NUMBER OF DAYS			

I HEREBY CERTIFY THAT I HAVE WORKED FOR THE PERIOD SPECIFIED WITH THE EXCEPTION OF THE DATES SET FORTH ABOVE.

EMPLOYEE SIGNATURE:
Date:
PROJECT DIRECTOR SIGNATURE:
Date: