



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:		