BIWEEKLY EXCEPTION REPORT – SALARIED EMPLOYEES

Name: _____ SSN: N/A Dept: _____ Pay Period Ending: _____

DATE	LEAVE TYPE	HOURS	EXPLANATION

TOTALS BY LEAVE TYPE	SICK 003	ANNUAL 002	CIVIL 020	MILITARY 106	WITHOUT PAY 099	FMLA (VARIOUS)	OTHER (SPECIFY TYPE)	

Employee's Signature _____ Date_____

Supervisor's Signature _____ Date_____

REVISED 12-25-00, 04-01-02, 04-01-04