BIWEEKLY EXCEPTION REPORT – SALARIED EMPLOYEES

Name: _____ SSN: _____ 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, 07/23/20