**Lehigh University Exempt Staff**

**Exception Time Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Department: |  |
| Pay Period: | **November 2017** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day/Date** | **Vac****510** | **FH****500** | **Sick/Exc****520** | **Bereave****550** | **Jury Duty****560** | **Other**  | **Comments** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  | *Staff Holiday* |
| 24 |  |  |  |  |  |  | *Staff Holiday* |
| 25 |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **To be completed by the employee:** |
| ***I hereby certify that all time reported above is accurate and correct.*** |
| Employee Signature: |  | Date: |  |
| Comments:  |

I:\Salary Admin\Time Recording\Timesheets\Exempt Time Sheet.docx