**Lehigh University Exempt Staff**

**Exception Time Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Department: |  |
| Pay Period: | **November 2019** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day/Date** | **Vac****510** | **FH****500** | **Sick/Exc****520** | **Bereave****550** | **Jury Duty****560** | **Other**  | **Comments** |
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| 27 |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  | Staff Holiday |
| 29 |  |  |  |  |  |  | Staff Holiday |
| 30 |  |  |  |  |  |  |  |

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| **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