**Lehigh University Exempt Staff**

**Exception Time Report**

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day/Date** | **Vac****510** | **FH****500** | **Sick/Exc****520** | **Bereave****550** | **Jury Duty****560** | **Other**  | **Comments** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  | *Staff Holiday* |
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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