**Lehigh University Exempt Staff**

**Exception Time Report**

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| Employee Name: | |  | Department: |  |
| Pay Period: | **September 2019** | | | |

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