Erskine College and Seminary

TIME EXCEPTION REPORT FOR EXEMPT EMPLOYEES

This form is for exempt employees reporting approved vacation, sick, and other time off including leaves. This report is due by all exempt staff and administrative employees by the 15th of each month for the previous month.

Name_____ Month/Yr Ending_____

Department_____

DATES	VACATION	SICK	OTHER(EXPLAIN)

Additional Comments:

_____

_____

I hereby certify that I have worked for the period specified with the exception of the dates that are documented above.

Employee Signature_____Date_____

Supervisor Approval_____Date_____