

TIME EXCEPTION REPORT

Employee

Last Name, First Name

Year

☐ Classified ☐ Certificated

Employee Number

Location

Check	Code	Type of Absence	Date/Dates	Certificated Days	Classified Hours	Comments
<input type="checkbox"/>	S	Illness				
<input type="checkbox"/>	N	Personal Necessity (include reason under Comments)				
<input type="checkbox"/>	C	PN (Compelling Personal) Cert.X.C.6.b.4 Class.14.4.1.e				
<input type="checkbox"/>	V	Vacation				
<input type="checkbox"/>	P	Personal Leave (without pay)				
<input type="checkbox"/>	I	Industrial Accident				
<input type="checkbox"/>	B	Bereavement (indicate relationship under Comments)				
<input type="checkbox"/>	J	Jury Duty				
<input type="checkbox"/>	O	School Business				
			Totals			

Employee Signature

Date:

Supervisor Signature

Date:

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