

TIME EXCEPTION REPORT

Employee

Last, First

Year

☐ Certificated

☐ Classified

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 | | | |