Tulane

Exempt Employee Exception Time Report Month Ending_____

_____ _____
Org # Department Name

Employee Name	Employee #	Vac	Sick	Other	Signature

Do not report Holidays
Report only half or full day absences
Report total hours used by employee by category (half day increments only)

Report must be signed by employee and Department Head

Return completed report to Payroll Office by 5th working day of the following month.
Do not submit to Payroll if there is nothing to report.

Authorized Signatures: _____ Date _____
_____ Date _____
_____ Date _____