

EXCEPTION REPORTING

07/02

(Report exceptions to regular schedule)

For exempt unclassified and classified (except temporary and hourly)

PAYROLL PERIOD FROM: _____ TO: _____ POSITION NUMBER: _____

NAME: _____ WSU ID: _____

Employee Type	Week	Vacation Leave Date/Hrs Used	Sick Leave Date/Hrs Used	Other Leave Date/Hrs Used/Lv Code	*Extra Time Worked Date/Hrs Work/Earn Code
EXEMPT (Unclassified)	Week One	____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
	Week Two	____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
		____/____	____/____	____/____/____	
NON-EXEMPT (Unclassified & Classified)	Week One	____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
	Week Two	____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____
		____/____	____/____	____/____/____	____/____/____

*If hours are to be paid from the compensatory hours balance, please indicate number of hours to be paid _____.

COMMENTS: _____

POSITIVE TIME REPORTING

(Report all hours)

For temporary classified, non-exempt unclassified, regular & work-study students

Week One

Week Two

Earn Code	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total

Signatures:

Employee _____

Supervisor _____

Budget Officer (when authorizing extra hours paid) _____

Office Use Only

Entered by/Date: _____

Audited by/Date: _____

EXCEPTION REPRESENTATIVE'S USE ONLY

End of Pay Period Balances: COMP TIME _____ VACATION LEAVE _____ SICK LEAVE _____