

Timesheet Exception Form

Name _____

Event Date(s) _____

Leave Type: ☐ Sick ☐ Vacation

Duration: ☐ Full Day ☐ ½ Day Hours _____

Check In/Out Corrections:

Date _____	Time _____	☐ In	☐ Out
	Time _____	☐ In	☐ Out

Employee Signature

Supervisor Signature

Timesheet Exception Form

Name _____

Event Date(s) _____

Leave Type: ☐ Sick ☐ Vacation

Duration: ☐ Full Day ☐ ½ Day Hours _____

Check In/Out Corrections:

Date _____	Time _____	☐ In	☐ Out
	Time _____	☐ In	☐ Out

Employee Signature

Supervisor Signature

The employee should complete and sign this form anytime they are absent or need to adjust their check in and/or check out time.

Name: Employee Name

Event Date: The date(s) of the absence.

Leave Type: Check the type of leave you used (Sick or Vacation) on the date you were absent. Personal Days need to be requested using the Personal Necessity Leave Form.

Duration: Check the amount of time used on the date you were absent. A full day (8 hours), ½ day (4) hours, or list the number of hours used.

Check In/Out Corrections: This section is used to adjust your check in and/or check out times. Should you forget to check in or out on a timely basis, complete this form with the correct time you started work and or ended work and mark the appropriate in or out box.

Signature: The employee & employees supervisor should sign this form as a statement that the information presented is accurate.

The employee should complete and sign this form anytime they are absent or need to adjust their check in and/or check out time.

Name: Employee Name

Event Date: The date(s) of the absence.

Leave Type: Check the type of leave you used (Sick or Vacation) on the date you were absent. Personal Days need to be requested using the Personal Necessity Leave Form.

Duration: Check the amount of time used on the date you were absent. A full day (8 hours), ½ day (4) hours, or list the number of hours used.

Check In/Out Corrections: This section is used to adjust your check in and/or check out times. Should you forget to check in or out on a timely basis, complete this form with the correct time you started work and or ended work and mark the appropriate in or out box.

Signature: The employee & employees supervisor should sign this form as a statement that the information presented is accurate.