TIME CLOCK & BENEFIT TIME Exception Form

Name: _____ Pay Period Ending_____Job_____

Directions: Please enter one occurrence per line. Under Benefit Time please indicate amount of hours or days taken.
Make sure all occurrences are within one pay period. Use additional sheets if needed. Please reference insturction sheet on back
of form to see how to fill out form for different situations.

Date: Time Clock Adjustments □ No Swipe □ Early Swipe □ Late Swipe Adjust IN Time to: _____ Adjust OUT Time to: _____	Benefit Time: □ Sick_____ □ Bereavement_____ □ Personal_____ □ Jury_____ □ Vacation_____ □ Out No Pay_____ □ F Holiday/Bday_____ □ Professional_____ □ Late Start_____ □ Early Dismissal_____	Overtime: No. of Hours □ Regular Time □ OT □ DT □ Approved □ Denied	Reasons/Comments/Other _____ _____ _____ _____ _____
Date: Time Clock Adjustments □ No Swipe □ Early Swipe □ Late Swipe Adjust IN Time to: _____ Adjust OUT Time to: _____	Benefit Time: □ Sick_____ □ Bereavement_____ □ Personal_____ □ Jury_____ □ Vacation_____ □ Out No Pay_____ □ F Holiday/Bday_____ □ Professional_____ □ Late Start_____ □ Early Dismissal_____	Overtime: No. of Hours □ Regular Time □ OT □ DT □ Approved □ Denied	Reasons/Comments/Other _____ _____ _____ _____ _____
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Please Note- Falsification of time records will result in discipinary action up to and including termination

Employee Signature:_____Date:_____

Superivisor Signature_____Date:_____