GREATER ALBANY PUBLIC SCHOOL DISTRICT 8J

Exception Time Sheet

Employee Name: _____ SSN (last 4 digits) _____

Building: _____ Job Title _____

Payroll Period from _____ to _____

INSTRUCTIONS: Record any additional hours worked. Please fill out completely. Do not record leave on this sheet.

Multiple Copy Form – Press Firmly

Date	Time In	Time Out	Additional Hours Worked	Account No.	Reason
TOTAL					

As an employee of the District, I have worked my designated schedule and complied with the wage and hour rules under the current collective bargaining agreement. Any deviation from my schedule has been reported above as exceptions and will be paid accordingly on the following paycheck.

FOR BUSINESS OFFICE USE ONLY:

Account Number	Rate	Hours

_____
Employee Signature

_____
Administrator's Approval

White – Business Office Copy (Send to Payroll) Canary – School Copy Pink – Employee Copy Revised 8/25