



The State University of New York

## EXCEPTION REPORT FOR EXEMPT PERSONNEL

Name:	Department:	Month Ending:
Employee Number:	RF Award/Project:	Delivery Drop:

DATE(S)	VACATION	SICK LEAVE	OTHER (EXPLAIN)
TOTAL NUMBER OF DAYS			

<p>I HEREBY CERTIFY THAT I HAVE WORKED FOR THE PERIOD SPECIFIED WITH THE EXCEPTION OF THE DATES SET FORTH ABOVE.</p>	<p>EMPLOYEE SIGNATURE:</p> <p>Date:</p>
	<p>PROJECT DIRECTOR SIGNATURE:</p> <p>Date:</p>