



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			

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