



## EXCEPTION REPORT FOR EXEMPT PERSONNEL

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee ID Number: \_\_\_\_\_ Project/Task/Award \_\_\_\_\_

MONTH ENDING \_\_\_\_\_

- I certify that I met my obligation during the month
- I certify that I met my obligation during the month with the exception of the following dates: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Director/Supervisor\***

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*SUPERVISOR**

**Faculty or Staff with PI role:** Chair or Unit Head signature required.

**Chair/Unit Head with PI role:** Vice President with Unit oversight responsibility signature required.

**RETURN COMPLETED FORM TO:  
SUNY ESF PAYROLL OFFICE - 119 BRAY HALL**

Revised 1/1/2015 ejb