



### EXCEPTION REPORT FOR EXEMPT PERSONNEL

Name:	Department:	Month Ending: / /	
Employee No.	RF - Project/Task/Award		
<b>DATE(S)</b>			<b>OTHER (EXPLAIN)</b>
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:		
	PROJECT DIRECTOR SIGNATURE:		