

The Research Foundation of
State University of New York

MONTHLY EXCEPTION REPORT

Research Project Assistants

Name: _____

Dept: _____

Employee Number: _____

Month Ending: _____

I certify that I met my obligation during the month **OR**

I certify that I met my obligation during the month with the exception
of the following dates: _____

The following signatures are required:

Employee Signature: _____ Date: _____

Project Director Signature: _____ Date: _____

Submit this form at the end of ***each month*** to Tammi Kincella – Office of
Human Resources - 216 Bray Hall.

Form available at:

http://www.esf.edu/hr/hiring/appointment_forms.htm