

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 Mary Gillett – Office of Human  
Resources - 216 Bray Hall.

Form available at:

[http://www.esf.edu/hr/hiring/appointment\\_forms.htm](http://www.esf.edu/hr/hiring/appointment_forms.htm)