



Weekly Time and Attendance Report Exception Reporting Employees (Benefitted Employees)

You are responsible for obtaining your supervisor's signature before submitting this form.

This form must be Faxed to Liz Basara by noon on Thursday. FAX 413-545-6555

If there is a change to this reporting form - notify Liz by noon on Friday
Phone 413-545-4854

Employee: _____

Week Ending (Saturday): _____

Employee ID: _____

Dept: A0823

I worked my regularly scheduled workweek and have no leave or adjustments to make to my timesheet.

I worked my regularly scheduled workweek *except as reported below:*

Time Reporting Code		*Sun	*Mon	*Tues	*Wed	*Thurs	*Fri	*Sat

*Report Hours in Decimals

For Overtime or Standby - Supervisor Must Supply HR Account Code _____

Time Reporting Codes

VAC - Vacation

HCTES - Holiday Time Worked

CEP - Comp Time Earned

PER - Personal Leave

HCTU - Holiday Time Taken

CTU - Comp Time Used

SIC - Personal Sick Leave

OVP - Overtime

FSK - Family Sick Leave

JDY - Jury Duty

Note: If no code listed, write in reason and timekeeper will supply appropriate code

_____ Date

Supervisor Signature

Date