

Payroll Services
Weekly Exempt Time Record

| | |
|---------------|--------------------|
| Employee Name | Empl ID |
| Department | Job Title/Job Code |
| Week Ending | |

| Date | Vacation | Sick | Other | Comments |
|--------------|----------|------|-------|----------|
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| Total | | | | |

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

I certify that this is a correct and complete record of the hours reported for this time period.

| | |
|----------------------|------|
| Employee Signature | Date |
| Supervisor Signature | Date |