

TIME CLOCK & BENEFIT TIME Exception Form

Name: _____ Pay Period Ending _____ Job _____

Directions: Please enter one occurrence per line. Under Benefit Time please indicate amount of hours or days taken.
 Make sure all occurrences are within one pay period. Use additional sheets if needed. Please reference instruction sheet on back of form to see how to fill out form for different situations.

Date: _____ Time Clock Adjustments <input type="checkbox"/> No Swipe <input type="checkbox"/> Early Swipe <input type="checkbox"/> Late Swipe Adjust IN Time to: _____ Adjust OUT Time to: _____	Benefit Time: <input type="checkbox"/> Sick _____ <input type="checkbox"/> Bereavement _____ <input type="checkbox"/> Personal _____ <input type="checkbox"/> Jury _____ <input type="checkbox"/> Vacation _____ <input type="checkbox"/> Out No Pay _____ <input type="checkbox"/> F Holiday/Bday _____ <input type="checkbox"/> Professional _____ <input type="checkbox"/> Late Start _____ <input type="checkbox"/> Early Dismissal _____	Overtime: No. of Hours <input type="checkbox"/> Regular Time <input type="checkbox"/> OT <input type="checkbox"/> DT <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reasons/Comments/Other _____ _____ _____
Date: _____ Time Clock Adjustments <input type="checkbox"/> No Swipe <input type="checkbox"/> Early Swipe <input type="checkbox"/> Late Swipe Adjust IN Time to: _____ Adjust OUT Time to: _____	Benefit Time: <input type="checkbox"/> Sick _____ <input type="checkbox"/> Bereavement _____ <input type="checkbox"/> Personal _____ <input type="checkbox"/> Jury _____ <input type="checkbox"/> Vacation _____ <input type="checkbox"/> Out No Pay _____ <input type="checkbox"/> F Holiday/Bday _____ <input type="checkbox"/> Professional _____ <input type="checkbox"/> Late Start _____ <input type="checkbox"/> Early Dismissal _____	Overtime: No. of Hours <input type="checkbox"/> Regular Time <input type="checkbox"/> OT <input type="checkbox"/> DT <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reasons/Comments/Other _____ _____ _____
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Please Note- Falsification of time records will result in disciplinary action up to and including termination

Employee Signature: _____ Date: _____

Supervisor Signature _____ Date: _____