



**THE UNIVERSITY OF LETHBRIDGE
FINANCIAL SERVICES - PAYROLL & BENEFITS**

Shaded Areas to be completed by Payroll and Benefits

Exception Report for Faculty, Directors, APO, Executive

Orgn Code: _____ Department: _____ Position #: _____

Id: _____ Name: _____
Surname First Middle Month/Year: _____

Indicate exception day(s) by marking the hours on the appropriate date. (If only part of a day, please indicate regular and exception hours.)

Please write notes on reverse

Date	Vacation *	Sick	WCB	Leave W/O Pay	Other Leave
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

Leave without pay (specify): _____

Other leave (specify): _____

Employee's signature: _____

Supervisor's signature: _____

Date submitted: _____

Remarks: _____

*** Faculty not required to record vacation time**

Fund: _____

Orgn: _____

Acct: _____

Prog: _____

Activity: _____

The University of Lethbridge Exception Report for Faculty, Directors, APO, Executive Form Description

FORM NAME: Exception Report for Salaried Faculty, Directors, APO, Executive

PURPOSE: For Faculty, Directors, APO, Executive to report leaves, sick time, etc.

***These sections will be completed by Payroll and Benefits.*

FIELD	DESCRIPTION
**Orgn Code:	Fill in the organization code from the Chart of Accounts.
**Department:	State the department for which work was completed. Hours worked for another department must be recorded.
**Position #:	This number will be completed by Payroll and Benefits. If you do know your position number, please enter it.
ID:	Fill in your University of Lethbridge identification number.
Name:	Fill in your complete name. If your name has changed, go to Payroll and Benefits, Human Resources, or the Registrar and fill in a <i>Name Change Form</i> .
Month:	Fill in the month and year for which you are making this report.
Vacation:	Record the number of vacation hours that you have taken.
WCB:	Record all hours of work that were missed because of an injury sustained in the course of duties at the University.
Sick:	Record the number of hours absent due to illness, injury, or quarantine, but not covered by Workers' Compensation.
Other Leave:	
Leave Without Pay:	Record exception number of hours that have been approved as days away without pay.
Study Leave:	Record the first day you start your study leave.
Family Illness:	Record all exception hours while arranging for the care of an immediate family member who is ill.
Bereavement:	Record exception hours granted as leave for the death of an immediate family member.
Change of domicile:	Record exception hours while moving from one self contained household to another.
Disaster Conditions:	Record exception hours due to a critical condition which requires personal attention.
Funeral Leave:	Record exception hours of work while attending to and/or attending the funeral of a close friend.
Parental and Adoption Leave:	Record the first day that you start your parental leave or adoption leave.
Political Leave:	Record the first day you start your political leave.
Fund, Orgn, Acct, Prgm:	Enter the accounting distribution for your department.
Employee's Signature:	Sign the form.
Supervisor's Signature:	Signature of supervisor with authorized signing authority for this account.
Date Submitted:	Indicate date form completed and sent to Human Resources.

Notes: _____

Submit by first working day after the end of the month.