

MONTHLY PTO EXCEPTION REPORT – EXEMPT EMPLOYEES	
Last Name	First Name
Department	Period Ending

INSTRUCTIONS FOR COMPLETING REPORT:

1. Personally complete and sign this report using the Exceptions/Absence Codes below.
 - P – Paid Time Off
 - O – Other (explain in Comments section)
 - B – Bereavement Leave
2. Exempt employees should submit signed report to their supervisors on the last working day of the month.
3. Supervisors should review and sign report and forward to the Human Resources Department within three working days after the month reported.

Check One	<input type="checkbox"/> No Exceptions to Report This Period															
	<input type="checkbox"/> Exceptions to Report as Indicated Below															
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Hours																
Code																
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours																
Code																

Comments: _____

Approval:

 Employee Signature

 Date

 Supervisor Signature

 Date

Falsification of any information reported on the Report may lead to disciplinary action, including termination.