



**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