

**EXCEPTION REPORTING – Report Exceptions to Regular Schedule**  
 (For faculty, exempt unclassified and classified (except temporary and hourly))

Payroll Period From \_\_\_\_\_ to \_\_\_\_\_

Position Number \_\_\_\_\_

Name: \_\_\_\_\_

myWSU ID: \_\_\_\_\_

Employee Type	Week	Vacation Leave Date/Hrs Used	Sick Leave Date/Hrs Used	Other Leave Date/Hrs Used/Lv Code	*Extra Time Worked Date/Hrs Work/Earn Code
EXEMPT (Faculty)	Week One	/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
	Week Two	/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
EXEMPT (Uncl & Class)	Week One	/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
	Week Two	/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
		/	/	/ / /	
NON-EXEMPT	Week One	/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /
	Week Two	/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /
		/	/	/ / /	/ / /

\*If hours are to be paid from the compensatory hours balance, please indicate number of hours to be paid: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**POSITIVE TIME REPORTING – Report All Hours**  
 (For temporary classified, non-exempt unclassified, regular & work-study students)

Week One									Week Two							
Earn Code	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total

I affirm that the information contained in this document is complete and accurate. I also affirm that this contains a complete and accurate record of my time worked for the period stated. All hours worked or leave time taken are represented accurately on this document. If changes occur that alter this record I understand it is my responsibility to submit those to the appropriate timekeeper within 10 business days.

**Signatures:**

**Employee** \_\_\_\_\_ **Entered by/Date:** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Audited by/Date:** \_\_\_\_\_

**Budget Officer (when authorizing extra hours paid)** \_\_\_\_\_