# Salary Exception Form

**Pay Period Ending:** __________

<table>
<thead>
<tr>
<th>Employee #</th>
<th>Name</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Employee’s Signature</th>
</tr>
</thead>
</table>

**Legend:**

- **S** = sick
- **B** = bereavement
- **P** = personal
- **H** = holiday
- **V** = vacation
- **F** = float
- **WC** = workers’ comp
- **FMLA** = family medical leave
- **J** = jury duty

**Manager’s Signature:**

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[Image of the form]