Time Exception Sheet

Name: _____

School/Department: _____

Date of Missed Scan: _____

(Please Provide Time)

AM	LUNCH	PM
IN	OUT	IN
OUT	IN	OUT

Reason For Missed Scan

☐ Forgot to scan   ☐ Forgot ID   ☐ TACS Down   ☐ Lost ID   ☐ Other: _____

(Required)

Employee's Signature: _____   Date: _____

Supervisor's Signature: _____   Date: _____

(Please submit immediately to the payroll clerk)