



**THE UNIVERSITY OF LETHBRIDGE
FINANCIAL SERVICES - PAYROLL SERVICES
& PENSION & BENEFITS**

Exception Report for Salaried Support Employees

Orgn Code: _____ Department: _____ Position #: _____

Id: _____ Name: _____
Surname First Middle Month/Year: _____

Indicate exception hours by marking the hours on the appropriate date. (If only part of a day, please indicate regular and exception hours.)

Please write notes on reverse

Date	Regular	*Premium	Overtime Banked	Overtime Paid	Overtime Taken	Vacation	Sick	WCB	Special Leave	Leave W/O Pay	**Other
1											
2											
3											
4											
5											
6											
7											
8											
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25											
26											
27											
28											
29											
30											
31											
Total											

Special leave (Article 26, please specify type): _____ Other leave (specify): _____

Employee's signature: _____ Supervisor's signature: _____

Fund: _____ *Premium codes **Other codes Date submitted: _____

Orgn: _____ B - Consultation M - Medical appt.

Acct: _____ K - Instruction Pay O - Other (explain)

Prog: _____ Q - Midnight shift S - Standby

Activity: _____ T - In Charge - Aquatics U - Call out

_____ W - Weekend premium

_____ X - In Charge - Security

_____ Z - Afternoon shift

Remarks: _____

The University of Lethbridge Support Staff Salaried Exception Report Form Description

FORM NAME: Exception Report for Salaried Support Staff

PURPOSE: For the support staff member (AUPE or Exempt) to report all hours worked outside of the regularly assigned hours, leaves, premium pay, or sick time.

***These sections will be completed by Payroll and Benefits.*

FIELD	DESCRIPTION
**Orgn Code:	Fill in the organization code from the Chart of Accounts.
**Department:	State the department for which work was completed. Hours worked for another department must be recorded.
**Position #:	This number will be completed by Payroll and Benefits. If you do know your position number, please enter it.
ID:	Fill in your University of Lethbridge identification number.
Name:	Fill in your complete name. If your name has changed, go to Human Resources, Payroll and Benefits, or the Registrar and fill in a <i>Name Change Form</i> .
Month:	Fill in the month and year for which you are making this report.
Regular:	If you have recorded time other than vacation and/or overtime, fill in all hours that were worked for this month.
Premium:	
B Consultation:	Record the number of hours worked as a PE Facility Assistant I or II providing fitness consultation, if this is not your primary job.
K Instruction Pay:	Record the number of hours worked as a Lifeguard/Instructor I or II instructing swimming lessons, if this is not part of your regular job.
Q Midnight Shift:	Record the number of hours worked between 11 pm and 4:59 am, if majority of shift falls between these hours.
T In Charge - Aquatics:	Record the number of hours worked as a Senior Lifeguard on duty, if not part of your regular job.
W Weekend Premium:	Record the number of hours worked on the weekend between 12 am on Saturday and 11:59 pm on Sunday.
X In Charge - Security:	Record the number of hours worked as Senior Security Officer on duty, if not part of your regular job.
Z Afternoon Shift:	Record the number of hours worked between 3 pm and 10:59 pm, if majority of shift falls between these hours.
Overtime:	
Overtime Banked:	Record authorized hours worked in excess of 7 hours (7.5 or 8 for defined AUPE groups). These are hours that you will not be paid for, but will take as time back at some later time.
Overtime Paid:	Record authorized hours worked in excess of 7 hours (7.5 or 8 for defined AUPE groups) for which you will be paid.
Overtime Taken:	Record the number of hours that you have taken as time off for overtime that you have previously worked.
Vacation:	Record the number of vacation hours that you have taken.
Sick:	Record the number of hours absent due to illness, injury, or quarantine, but not covered by Workers' Compensation. This also includes medical or dental treatment involving an absence.
WCB:	Record all hours of work that were missed because of an injury sustained in the course of duties at the University.
Special Leave:	
Family Illness:	Record all exception hours while arranging for the care of an immediate family member who is ill.
Bereavement:	Record exception hours granted as leave for the death of an immediate family member, providing you attend the funeral.
Travel Time:	Record exception hours spent travelling if the funeral is a long distance away.
Moving Household Effects:	Record exception hours while moving from one self contained household to another.
Disaster Conditions:	Record exception hours due to a critical condition which requires personal attention.
Birth:	Record exception hours of work while present at the birth or adoption of a child.
Citizenship Leave:	Record exception hours of work while in attendance at proceedings to grant Canadian Citizenship.
Administration of Estate:	Record exception hours of work while attending to administration of an estate of which you are the executor.
Funeral Leave:	Record exception hours of work while attending to and/or attending the funeral of a close friend, or acting as a pall bearer.
Court Leave:	Record exception hours when you were a witness during court proceedings or serving jury duty.
Maternity Leave:	Record the first day that you start your maternity leave.
Military Leave:	Record exception hours for military training, civil or national emergency.
Leave Without Pay:	Record exception number of hours approved as days away without pay.
Other:	
U Call Out:	List the number of hours called from home to work outside of normal working hours.
S Stand By:	List the number of hours designated to be immediately available to return to work when not on regular duty.
M Medical Appointment:	List the number of hours away from work while at a medical appointment.
O Other (Explain):	List any other time that you have worked that does not fall into any of the above categories.
H Stat Holiday:	Record hours worked on a statutory holiday.
Fund, Orgn, Acct, Prog:	Enter the accounting distribution for your department.
Employee's Signature:	Sign the form.
Supervisor's Signature:	Signature of supervisor with authorized signing authority for this account.
Date Submitted:	Indicate date form completed and sent to Human Resources.
Notes:	

Submit by first working day after the end of the month.