

PUHSD Payroll Exception FORM

Use One Form for Each Date

(To Be Used Only **AFTER** Payroll Distribution)

EPAR # _____ (ADMIN ASSISTANT: PLEASE LIST)

Changes are for (DATE) _____

Employee Name _____

PUHSD Employee ID# _____

Employee Campus/Site _____

Explain reason for error _____

Job was not created to clock work []

Time clock not available []

Failed to report absence []

Other []

Job Title of **activity performed** _____

Off-Site Activity [] Yes

Time In _____ AM PM (circle one)

Time Out _____ AM PM (circle one) Total _____

Total Hours employee is **owed** _____

Employee Name (Please Print)

Employee's Signature

Date

Administrator Name (please print)

Administrator's Signature

Date

(To be valid, this form **MUST** be signed and dated by **BOTH** employee and supervisor)

Send **Completed** and **Signed** Form to the Payroll Department @ CEE Attn: DeeAnna Fears

-----**Payroll use only**-----

TCP: _____

TCE/Visions: _____

FLE/Leave Plan: _____

Pay Period: _____

Could not Process _____

Notes: _____

Total hours owed _____

Initials of staff completing form: _____