



Ellett Memorial Hospital
PAYROLL EXCEPTION/REQUEST FORM

<i>Employee Name</i>		<i>Department</i>	
Clocked in:	Clocked out:	Forgot to Clock:	Other:
_____ Early	_____ Early	_____ In	_____
_____ Late	_____ Late	_____ Out	_____
I am requesting:			
1. Time Off Without Pay: Dates _____ # Hrs _____			
2. Sick: Dates _____ # Hrs _____ 3. Vacation: Dates _____ # Hrs _____ 4. Holiday: Dates _____ # Hrs _____			
5. Low Census: Dates _____ # Hrs _____ 6. Bereavement: Dates _____ # Hrs _____ 7. LOA: Dates _____ # Hrs _____			
I am trading : _____ for _____			
Date		Date	
_____ Signature of Person Initiating Trade		_____ Signature of Person Agreeing to Trade	
<p>I understand that this request is subject to approval/disapproval by my department head/supervisor. Availability of work force, staffing and emergency may alter request date(s). Days off will be granted based on the timeliness of the request, followed by seniority.</p>			
		_____ <i>Employee Signature</i>	_____ <i>Date</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by		_____ <i>Department Head / Supervisor Signature</i>	_____ <i>Date</i>
		_____ <i>Person Notified</i>	_____ <i>Time</i>
		_____ <i>Date</i>	
_____ <i>Reason given for calling in or leaving early</i>			