FRONTIER SCHOOL DIVISION

Exceptions Report for Non-Teaching Payroll PAYROLL "B"

SCHOOL: _____

CONTACT PERSON: _____

APPROVED BY: _____

DATE: _____

TWO WEEK PERIOD:

FROM: _____

TO: _____

PAGE _____ OF _____

B

PART ONE: Days Absent

PAYROLL OFFICE USE ONLY		NAME (PLEASE PRINT)	REASON FOR ABSENCE	DATES ABSENT	NO. OF DAYS	WITH PAY	W/O PAY

PART TWO: Extra Hours Worked, Week-end and Shift Premiums

PAYROLL OFFICE USE ONLY		NAME (PLEASE PRINT)	EXTRA RATE	ACCOUNT NUMBER OR JOB DESCRIPTION OR WEEK-END SHIFT PREMIUM	BI-WEEKLY REGULAR HOURS	S	S	M	T	W	T	F	S	S	M	T	W	T	F	TOTAL