FM/HR:__Date:___

Facilities Management Disciplinary Exception Form

Exception recommended		
	Employee's Name - Please Print	Date
Indicate exception to be g	granted:	
Tardiness (less than 60 minutes)		
Absence without approval (60 minutes or greater)		
Failure to clock-i	in/clock-out as scheduled	
Other		
Describe reason for exception: Was documentation provided?		
(If yes, please attach)	Yes No	
Requested By:		
Requested by.	Supervisor Printed Name	
	Supervisor Signature	Date
Approved By:	Department Head Signature	Date
	Request Approved Request Denied	
Signature:		-
	Employee	Date