** Classified Pay Exceptions Form**

**Mary Sewright - Superintendent**

**PO Box 95 Deming, WA 98244 (360) 383-2000**

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| **Last Name:**  | **First Name:**  | **Bldg/Site:**  | **Month/Year:**  |
| **Date DD/MM/YY** | **Extra Time Hrs** | **Over Time Hrs** | **Account Code (required if different from base)** | **Reason (Required)** |
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| **TOTALS** |       |       | Additional Notes: |
|  **Your pay is based on your full hours and days assigned including your full hours on Early Release and Waiver days. Your signature verifies you have worked all hours or recorded exceptions above or any leave in Ready Sub including any unpaid time for Early Release or Waiver Days.**  |
| **For District Use Only** |  |  |  |  | Total Pay $ |
| TEX3 | TEX4 | TOT3 | TOT4 |
|  |  |  |  |

**Note: (Electronic or Type Signature ok)**

 **Employee Signature / Date** **Approved by Signature / Date**