AltaMed

eTime Exception Form

Employee Name: _____ **Date:** _____

Employee ID # _____ **Pay Period:** _____

Home Dept. _____ **Location:** _____

This form is to be used to document time not reported on eTime system and must be submitted to supervisors only. Each missing or modified timestamp must be accompanied by a Reason in order to process. The exception form is due to supervisor upon each occurrence.
DO NOT WAIT TO THE END OF THE PAY PERIOD

Day	Date	Temporary Department#	In Punch	Out Lunch Punch	In Lunch Punch	Out Punch	Reason
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

_____

Employee Signature

_____

Manager Signature