

GALVESTON COUNTY

Budget Office



Payroll Exception Form

EMPLOYEE:	DIVISION:
EMPLOYEE ID:	DIVISION NUMBER:
POSITION TITLE:	DATE OF REQUEST:

TYPE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
FMLA					
EMERGENCY LEAVE					
WORK COMP					
MILITARY LEAVE					
CONTRACT (Reimbursable Fund)					
TRAINING					
HOLIDAY SCHED. HOURS					
OTHER (Specify)					
POS. ADJ. RATE/HR \$ _____					
TOTAL HOURS:					

REASON/JUSTIFICATION:	
EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
DEPARTMENT HEAD SIGNATURE:	DATE:

