

BARD COLLEGE

Exception Payroll Time Sheet

Name: _____

Date: _____

Bard ID#: _____

Dept: _____

Account Number	Description of Work Performed	Date	Hours*	Rate/Hr*	Amount

Required for Affordable Care Act Compliance

Total Hrs		Total Pmt	
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Employee's Signature: _____

Supervisor's Signature: _____

Supervisor's Printed Name: _____

Ext. _____