KENNESAW STATE UNIVERSITY

Time Submission Exception Form (TSEF)

Employee Name: _____   **Employee ID #:** _____

Home Department (Name): _____   **Dept ID Number:** _____

Requested Effective Date: _____
    (Actual effective date will be determined by HR once completed form is received.)

Employee Type: ☐ **Student Assistant or Federal Work Study Student**   ☐ **12-month biweekly staff**

    ☐ **Temporary Employee**   ☐ **10-month biweekly staff**

Requested Exception

☐ **Elapsed Time Sheet**

Work time is recorded as a total number of hours for each day. Hours can be logged at any point during the payroll period prior to the payroll deadline. Time is editable by employee and/or supervisor.

☐ **Punch Time Sheet**

Work time is recorded as times in/out for each day and should include lunch/break times. Times can be logged at any point during the payroll period prior to the payroll deadline. Time is editable by employee and/or supervisor.

☐ **Punch Time via Web Clock**

Work time is recorded as times in/out for each day and should include lunch/break times. Employee must clock in/out using a web-version of a time clock on the computer in order to log times. This can be done from any web-enabled device. Time is editable by supervisor only.

☐ **Punch Time via Time Clock**

Work time is recorded as times in/out for each day and should include lunch/break times. Employee must use a clock in/out feature at a physical location on campus in order to log times. This can only be done at the device by swiping or tapping the employee's KSU ID card. Time is editable by supervisor only..

Justification

Please provide justification for why the employee must submit time in a way that differs from the department default.

Approvals

ALL approvals below must be obtained BEFORE an employee can begin using the alternative time submission method requested.

Employee: _____   **Signature:** _____   **Date:** _____

Supervisor: _____   **Signature:** _____   **Date:** _____

Department Head: _____   **Signature:** _____   **Date:** _____

Human Resources: _____   **Signature:** _____   **Date:** _____

HR USE ONLY

Entered By: _____   **Date:** _____