



FLIGHT ATTENDANT EXCEPTION PAY REPORT

TO: Crew Resource Administrator HDQ – ATW
FAX #: 920-749-7512

Date: _____

Name: _____ ID: _____ Domicile: _____

Date of Pairing / Number: _____

EXCEPTIONS:

	<u>DAY ONE</u>	<u>DAY TWO</u>	<u>DAY THREE</u>	<u>DAY FOUR</u>
<input type="checkbox"/> Check In	_____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>
<input type="checkbox"/> Check Out	_____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>	<input type="checkbox"/> _____ <i>Time</i>
<input type="checkbox"/> Extension	_____ <i>Time</i>	_____ <i>Trips Extended</i>		
<input type="checkbox"/> Resequence	_____ <i>Time</i>	_____ <i>Trips Resequence</i>		
<input type="checkbox"/> Operational Reroute		<input type="checkbox"/> Ground Transportation	_____ <i>Out Time</i>	_____ <i>In Time</i>
<input type="checkbox"/> Mechanical Reroute				
<input type="checkbox"/> Weather / ATC Reroute		<input type="checkbox"/> Deadhead – Other than ARW	_____ <i>Flight No.</i>	
<input type="checkbox"/> Draft		Date: _____		
<input type="checkbox"/> WX / MX Reschedule / Reroute on Day Off		Date: _____		
<input type="checkbox"/> Minimum Days Off RQ				
Day in Lieu of request:	_____ <i>1st Choice</i>	_____ <i>2nd Choice</i>	_____ <i>3rd Choice</i>	
<input type="checkbox"/> Request for Moving Days		Dates: _____		

COMMENTS: _____

Signature _____ _____ *Date*