



# U·S AIRWAYS

## FLIGHT ATTENDANT PAY EXCEPTION FORM

NAME \_\_\_\_\_ C# \_\_\_\_\_

NAME \_\_\_\_\_ C# \_\_\_\_\_

NAME \_\_\_\_\_ C# \_\_\_\_\_

NAME \_\_\_\_\_ C# \_\_\_\_\_

Pairing # / Date \_\_\_\_\_ Phone \_\_\_\_\_

Ground Holding FLT# \_\_\_\_\_ FLT# \_\_\_\_\_

Excess Block FLT# \_\_\_\_\_ FLT# \_\_\_\_\_

Exceeding Duty FLT# \_\_\_\_\_ FLT# \_\_\_\_\_

HR Rpt time/Credit Discrepancy Assigned Time \_\_\_\_\_ Rpt Time \_\_\_\_\_

RSV Tag with Position Change Pairing#/Position. \_\_\_\_\_

Pairing#/Position \_\_\_\_\_

BRIEF DESCRIPTION \_\_\_\_\_

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PLEASE FAX FORM TO 480.693.1911 or 480.693.1999 OR COMAIL TO FLIGHT ATTENDANT TIMEKEEPING AT PHX-FTC-SKD..ONCE PROCESSED, TIMEKEEPING'S RESPONSE WILL BE NOTED AT THE TOP OF THE PAIRING IN QUESTION