

Form 7.1b

QUARTERLY REPORT OF EXEMPT EMPLOYEES

Employer: _____

For Quarter Ending: 3/31 6/30 9/30 12/31
 (Circle Quarter)

<u>Position Standard Titles</u>	<u>Total Number of Employees</u>	<u>Number Non-State Funded</u>
1 Assistant To	_____	_____
2 Executive Assistant To President/Chancellor	_____	_____
3 Executive Director	_____	_____
4 Director	_____	_____
5 Associate Director	_____	_____
6 Assistant Director	_____	_____
7 Physician	_____	_____
Attorney	_____	_____
Engineer	_____	_____
Architect	_____	_____
8 Coordinator	_____	_____
9 Specialist	_____	_____
<u>Other Exemption Categories</u>		
Total Number of Employees Exempt under 36e(2)	_____	_____
Total Number of Employees Exempt under 36e(4)	_____	_____
Total Number of Employees Exempt under 36e(5)	_____	_____
Grand Total	_____	_____

CERTIFICATION

This is to certify that the above employer has implemented and is conducting a cyclic review program for exempt employees wherein all exempt jobs are reviewed for currency of job content and title no less often than once every three years.

Submitted by: _____
 (Designated Employer Representative)

Date: _____