

Separation of Duty Exception Log WIC-400

District Name and Number _____

Site Name and Number _____

District Director or Coordinator Supervisor _____

Date	Time	Family Name	Family ID #	Personnel Name	Reason for Exception	Corrective Action (if applicable)
			Participant ID#			

Time Frame of Log From _____ to _____

Signature of District Director or Coordinator Supervisor _____ Date _____