

EXHIBIT 24

EXCEPTION REPORT FOR EXEMPT PERSONNEL

Name: Susan Bruno	Department: Foundation Relations	Month Ending: 03/31/04
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Social Security No. REDACTED	RF Award/Project 29016/1033097	Delivery Drop 6 th Floor
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DATE(S)	VACATION	SICK LEAVE	OTHER (EXPLAIN)
March 4 & March 9		2 days	
TOTAL NUMBER OF DAYS		2 days	

I HEREBY CERTIFY THAT I HAVE WORKED FOR THE PERIOD SPECIFIED WITH THE EXCEPTION OF THE DATES SET FORTH ABOVE.

EMPLOYEE SIGNATURE:
Susan M Bruno

PROJECT DIRECTOR SIGNATURE:
Timothy P Murphy