



Employee Name: _____

Employee #: _____ Dept. / CC: _____ Phone Ext. _____

FOR USE DURING CAMPUS SHUTDOWN DUE TO CORONAVIRUS PANDEMIC

Week 1						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
6/27/20						
6/28/20						
6/29/20						
6/30/20						
7/1/20						
7/2/20						
7/3/20						

Week 2						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
7/4/20						
7/5/20						
7/6/20						
7/7/20						
7/8/20						
7/9/20						
7/10/20						

Comments:

Supervisor Name:
(Please Print) _____

Supervisor Signature: _____

Date: _____