



KEAN

KEAN UNIVERSITY COMPENSATORY TIME FORM
FOR HOLIDAYS WHEN CAMPUS REMAINS OPEN

Columbus Day & Veteran's Day

Name: _____					
ID# : _____ Title: _____					
Dept. _____					
DATE WORKED	TIME STARTED	LUNCH BREAK		TIME ENDED	DAILY HOURS
		Out	In		
		Out	In		
					TOTAL HOURS

EMPLOYEE VERIFICATION

I CERTIFY THAT I HAVE WORKED THE HOURS INDICATED ABOVE.

Employee Signature

Date

SUPERVISOR VERIFICATION

I CERTIFY THAT THE EMPLOYEE HAS WORKED THE HOURS INDICATED ABOVE.

Supervisor's Signature

Date