



Employee Name: _____

Employee #: _____

Dept. / CC: _____ Phone Ext. _____

PLEASE USE FOR TIME WORKED. ALL TIME MUST BE ENTERED INTO WORKDAY AFTER DECEMBER 21, 2020.

Week 1						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
12/19/20						
12/20/20						
12/21/20						
TRANSITION TO WORKDAY						
All time after 12/21/2020						
must be entered in Workday						

Week 2						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours

Comments:

Supervisor Name: _____
(Please Print)

Supervisor Signature: _____

Date: _____