



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
7/18/20						
7/19/20						
7/20/20						
7/21/20						
7/22/20						
7/23/20						
7/24/20						

Week 2						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
7/25/20						
7/26/20						
7/27/20						
7/28/20						
7/29/20						
7/30/20						
7/31/20						

Comments:

Supervisor Name:
(Please Print) _____

Supervisor
Signature: _____

Date: _____