Kean University

Student & GA Time Sheet PP18/ 2020

for days worked 8/1/20 through 8/14/20

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**
8/1/20						
8/2/20						
8/3/20						
8/4/20						
8/5/20						
8/6/20						
8/7/20						

Week 2						
Date	**Pay Code**	**Start Time**	**Break OUT**	**Break IN**	**End Time**	**Total Hours**
8/8/20						
8/9/20						
8/10/20						
8/11/20						
8/12/20						
8/13/20						
8/14/20						

Comments:

_____

Supervisor Name: (Please Print) _____ **Supervisor Signature:** _____ **Date:** _____