Kean University

Student & GA Time Sheet PP19/ 2020

for days worked 8/15/20 through 8/28/20

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**
8/15/20						
8/16/20						
8/17/20						
8/18/20						
8/19/20						
8/20/20						
8/21/20						

Week 2						
Date	**Pay Code**	**Start Time**	**Break OUT**	**Break IN**	**End Time**	**Total Hours**
8/22/20						
8/23/20						
8/24/20						
8/25/20						
8/26/20						
8/27/20						
8/28/20						

Comments:

_____

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