



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
11/7/20						
11/8/20						
11/9/20						
11/10/20						
11/11/20						
11/12/20						
11/13/20						

Week 2						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
11/14/20						
11/15/20						
11/16/20						
11/17/20						
11/18/20						
11/19/20						
11/20/20						

Comments:

Supervisor Name:
(Please Print) _____

Supervisor
Signature: _____

Date: _____