

COVID 19 DECLARED EMERGENCY PERIOD TIMESHEET

START DATE 3/16/2020

PN#:	Name:	Title:
HOME Loc #:	HOME SCH/DEPT:	

Date Worked	Worked at:		Task Performed*	Time Start	Time End	Total Hours	Emp Initials
	Loc #	Fac. Name					

DEPT HEAD/PRINCIPAL NAME: _____ SIGNATURE: _____ DATE: _____

CHIEF OFFICER/S NAME: _____ SIGNATURE: _____ DATE: _____

*See ESSENTIAL TASKS FOR PANDEMIC EMERGENCY PERIOD list for Description of activities related to the Declared emergency.