



TIMESHEET FOR FFCRA AND EFMLA

Families First Coronavirus Response Act and Emergency Paid Family Medical Leave

Your Supervisor must approve this timesheet.

HOURS ENTERED ON THIS TIMESHEET SHOULD NOT BE ENTERED ON YOUR BANNER TIMESHEET

EMPLOYEE NAME: _____

M#: _____ DEPT: _____

PAY PERIOD: _____

SUPERVISOR SIGNATURE: _____

	DATE	***** # HRS DUE TO COVID-19	# HRS SICK NOT RELATED TO COVID 19	# HRS VAC NOT RELATED TO COVID 19	# HRS WORKED (IF ANY)	TOTAL PER DAY
WEEK 1 OF PAY PERIOD						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEK 2 OF PAY PERIOD						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

TOTAL FOR WEEK 1 _____ TOTAL FOR WEEK 2 _____

*****COVID-19 HOURS ARE IN DIRECT RELATION TO COVID RELATED LEAVE PER HR ADMINISTERED FORMS.**

THIS FORM MUST BE RECEIVED IN PAYROLL NO LATER THAN 12 NOON ON NORMAL TIMESHEET DEADLINES