

Employee # _____

Name _____

Bi-weekly Summaries
Week 1

Date	Regular Hours Worked	COVID-19 Hours Worked	COVID-19 Admin Pay	Holiday	PL	Other	Total	Comments
Total for the week								

Week 2

Date	Regular Hours Worked	COVID-19 Hours Worked	COVID-19 Admin Pay	Holiday	PL	Other	Total	Comments
Total for the week								
Total for the Pay Period								

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Division Director Signature (overtime) _____

Date _____

Make sure to add in the comments section any travel dates and locations, PL comments, days left early or came in late and any other comments explaining your hours.