

CORONAVIRUS LABOR DISTRIBUTION TRACKING SHEET
(COVID-C19)

Employee Name:

Employee ID #:

Payroll Dept. #:

Pay Period End Date:

Date (DD/MM/YY)	Reg# Hours	OT# Hours
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
Total Hours	0.00	0.00

Supervisor Signature: _____

- Fill out this fillable form as soon as your timesheet has been marked complete.
- Obtain your Supervisor's signature and submit the form to your Timekeeper no later than noon on Wednesday following Pay Period End.
- Division Directors are not required to obtain their Supervisor's signature.
- On Labor Distribution week, Timekeepers will add C19 to the SW Cost field for all REG and OT hours listed on the form.