

**EMERGENCY HOURS**

Name:	Payroll Period:
	Payroll I.D. #

Week 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri
Date							
Start Time							
End Time							
Hours Worked							

Week 2	Sat	Sun	Mon	Tue	Wed	Thur	Fri
Date							
Start Time							
End Time							
Hours Worked							

**Total Hours Worked During Emergency** \_\_\_\_\_

I hereby certify that I have accurately stated the number of hours actually worked during the designated emergency for this pay period.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Preparer's Use Only:**

**Prepare benefit adjustments for this employee:**  
*(2 hours worked = 1 hour of vacation accrued)*

\_\_\_\_\_ Hours = \_\_\_\_\_ Vacation Hours

Record only the hours worked during the emergency period.  
 Forward the completed form to Human Resources for processing.