

Human Resources & Affirmative Action
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EMERGENCY CLOSING TIME ACCOUNTABILITY FORM for ALL SPA and EPA Non-Faculty

Critical Personnel

Requested to Work by Supervisor

Employee Name _____

Department _____

I attest that I worked a total of _____ hours during the emergency closing.

Date/Time

Number of Hours/Minutes

Employee's Signature

Supervisor's Signature

Date

Date

Special Instructions:

All SPA and EPA Non-Faculty Critical Personnel and Requested to Work Employees:

Record actual number of hours worked during the Emergency Closing in the regular monthly leave record/time sheet. Human Resources will make adjustments to compensatory leave balance which will appear on the next monthly leave report.

Leave Collection Point Assistants:

Time worked during the Emergency Closing should **NOT** be entered on the Departmental Monthly Leave Summary Sheet. Human Resources will enter the time worked during Emergency Closing manually from this form.