

PRL HOURS WORKED

Name _____ Date _____

I certify the following is a true statement of hours worked for Michigan State University during the 2 week period beginning

(Sunday) _____ and ending (Saturday) _____
Date Date

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Week 1 <small>Hours worked</small>								
Week 2 <small>Hours worked</small>								
							2 Week Total	

INSTRUCTIONS: Employee should record hours daily. This form should be signed by the employee and then signed by the supervisor. PRL will see that it is kept on file for three years.

Signature _____
Employee

Approved _____
Dept. Chairman or Authorized Representative

Print name of Authorized Representative

Minutes to the Tenth				
:03-:08	.1		:33-:38	.6
:09-:14	.2		:39-:44	.7
:15-:20	.3		:45-:50	.8
:21-:26	.4		:51-:56	.9
:27-:32	.5		:57-:59	1.

CHANGES MUST BE INITIALED BY THE AUTHORIZED REPRESENTATIVE.