TIME TRACKING RECORD CLERICAL - TECHNICAL EMPLOYEES DEPARTMENT OF ENTOMOLOGY - MICHIGAN STATE UNIVERSITY

Last Name: _	First Name:												
Reporting Be	gin Date:	:			End Date	e:							
WEEK 1										BiWeekly Reporting Dates			
Hour Type	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total		Begin Date	End Date	Due Date	
										11/27/2016	12/10/2016	12/12/2016	
Worked									*	12/11/2016	12/24/2016	12/27/2016	
Vacation										12/25/2016	1/7/2017	1/9/2017	
										1/8/2017	1/21/2017	1/23/2017	
Sick										1/22/2017	2/4/2017	2/6/2017	
Family Sick										2/5/2017	2/18/2017	2/20/2017	
I diffily Sick										2/19/2017	3/4/2017	3/6/2017	
Personal										3/5/2017 3/19/2017	3/18/2017 4/1/2017	3/20/2017 4/3/2017	
										4/2/2017	4/1/2017	4/17/2017	
Comp Time Used										4/16/2017	4/29/2017	5/1/2017	
Other										4/30/2017	5/13/2017	5/15/2017	
L						I	1	<u>'</u>		5/14/2017	5/27/2017	5/30/2017	
My signature below certifies that all hours during this pay period are accounted for and accurately reported.										5/28/2017	6/10/2017	6/12/2017	
										6/11/2017	6/24/2017	6/26/2017	
my signature seron certifies that an hours during this pay period are accounted for and accurately reported.										6/25/2017	7/8/2017	7/10/2017	
Employee Signatures										7/9/2017	7/22/2017	7/24/2017	
Employee Signature:								7/23/2017	8/5/2017	8/7/2017			
									8/6/2017	8/19/2017	8/21/2017		
Supervisor Signature:									8/20/2017	9/2/2017	9/5/2017		
		•								9/3/2017	9/16/2017	9/18/2017	
										9/17/2017	9/30/2017	10/2/2017	
WEEK 2										10/1/2017	10/14/2017	10/16/2017	
										10/13/2017	10/28/2017	11/13/2017	
Hour Type	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total		11/12/2017	11/25/2017	11/27/2017	
Worked									*	11/26/2017	12/9/2017	12/11/2017	
Vacation													
											_		
Sick										NOTE:			
Family Sick										Time trad	cking reports ar	e due by	
										5:00 PM on the DUE DATE listed for the BiWeekly reporting dates to the right.			
Personal										віллеекіў ге	eporting dates i	to the right.	
Comp Time Used											cking reports s		
Other											ENT.Timesheet ED to 517-432-7	-	
						•	•				or dropped off a	t	
										24	13 Natural Scien	ce	
											Thank you. *** Hours recorded over 40 hours per		
* Compensation for hours worked exceeding 40 per week:													
Paid as Overtime Comp Time													
										week will be compensated at time and a half - either paid time or comp time			
											er paid time or I by immediate	•	
											•	•	
My signature b	below certif	ies that all h	ours during	this pay per	iod are accou	unted for an	d accurately	reported.			<u>ONTACT PERSOI</u> Katie Steinman		
											rtment of Entom		
Employ	ee Signatur	e:								24	43 Natural Scien	ce	
											one: (517) 884-0 ax: (517) 432-706		
Supervi	sor Signatur	re:									einm50@msu.eo		

ATTENTION: Please make sure you have entered your time off (excluding worked hours) in EBS