

# MSU Student Health Services CT Payroll Record

Employee Name: \_\_\_\_\_ Number: \_\_\_\_\_

Department: \_\_\_\_\_ Pay Begin Date: \_\_\_\_\_ Pay End Date: \_\_\_\_\_

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTALS
Date:								
Time In (initial):								
Time Out (Last):								
Length of Lunch:								
Total # of Hours Worked								
Type/Total # of Non Worked Hours								
Total # of OT/Comp Hours Worked								

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTALS
Date:								
Time In (initial):								
Time Out (Last):								
Length of Lunch:								
Total # of Hours Worked								
Type/Total # of Non Worked Hours								
Total # of OT/Comp Hours Worked								

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*All time must be recorded to the nearest tenth of an hour\*\*\***

Indicate any overtime hours earned as:  Overtime Pay      OR       Comp Time

- This routine overtime/comp time was earned for work performed Mon.-Fri.
- This routine overtime/comp time was earned for work performed on a Saturday
- This non-routine overtime/comp time was preapproved. (Attach "Approval for Non-Routine Overtime Hours")

*This is an accurate record of hours worked and paid time off for the employee listed above. This record will be retained in the Business Offices files for a period of three years as required by the Federal Fair Labor Standards Act.*