

MSU Student Health Services
Compensatory or Overtime Payroll Record

Time must be submitted during the pay period in which it is earned.

Employee Name _____ Number _____

Department _____

Pay Begin Date _____ Pay End Date _____

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

Please refer to chart on back of this sheet

Date	Time In/ Time Out	Overtime or Comp Time Hours	Reason
Total			

Time to be taken as: Overtime Pay OR Comp Time

Employee Signature _____ Date _____



- 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”)

Supervisor Approval _____ Date _____

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.

Time Sheet Minutes To Tenths Conversion

MINUTES	TENTHS
1	0
2	0
3	0.1
4	0.1
5	0.1
6	0.1
7	0.1
8	0.1
9	0.2
10	0.2
11	0.2
12	0.2
13	0.2
14	0.2
15	0.3
16	0.3
17	0.3
18	0.3
19	0.3
20	0.3
21	0.4
22	0.4
23	0.4
24	0.4
25	0.4
26	0.4
27	0.5
28	0.5
29	0.5
30	0.5

MINUTES	TENTHS
31	0.5
32	0.5
33	0.6
34	0.6
35	0.6
36	0.6
37	0.6
38	0.6
39	0.7
40	0.7
41	0.7
42	0.7
43	0.7
44	0.7
45	0.8
46	0.8
47	0.8
48	0.8
49	0.8
50	0.8
51	0.9
52	0.9
53	0.9
54	0.9
55	0.9
56	0.9
57	1
58	1
59	1
0	0