

**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
<b>Total</b>			

**Time to be taken as:    Overtime Pay   OR    Comp Time**

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

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- 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.