

**MSU Student Health Services
Bi Weekly Payroll Record**

_____ Student _____ Labor

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:								
Week 1	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	Total Hours Worked
Time in/ time out								
Time of Lunch								
# of hrs worked								

Date:								
Week 2	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	Total Hours Worked
Time in/ time out								
Time of Lunch								
# of hrs worked								

Total Hours for 2 Week Period	
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Employee Signature _____ Date _____

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.