

# PLB HOURS WORKED

Name \_\_\_\_\_ Date \_\_\_\_\_

I certify the following is a true statement of hours worked for Michigan State University during the 2-week period beginning

(Sunday) \_\_\_\_\_ and ending (Saturday) \_\_\_\_\_

Account #:

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Week 1								
Week 2								
							2 Week Total	

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

INSTRUCTIONS: Employee should record hours daily. This form should be signed by the employee and then signed by the supervisor. PBL will see that is kept on file for three years.

Approved \_\_\_\_\_  
Dept. Chairman or Authorized Representative

\_\_\_\_\_  
Print name of Authorized Representative

Minutes to the Tenth				
:03 - :08	.1		:33 - :38	.6
:09 - :14	.2		:39 - :44	.7
:15 - :20	.3		:45 - :50	.8
:21 - :26	.4		:51 - :56	.9
:27 - :32	.5		:57 - :59	1.

CHANGES MUST BE INITIALED BY THE AUTHORIZED REPRESENTATIVE.