

SOCIAL SCIENCE RESEARCH CENTER, MISSISSIPPI STATE UNIVERSITY

2001 Non-Exempt Employees Monthly Time Report

Name

SSN

Period

							R	L	W	H	O	TOTAL
Week 1												
Week 2												
Week 3												
Week 4												
Week 5												

Overtime Duties:

I certify the record is accurate and accounts for my time during the indicated period.

I certify that the hours recorded and coded on this form are correct to the best of my knowledge and are in accordance with University policy.

Employee's Signature Date

Supervisor's Signature Date