

Coordinator

Minot State University—Bottineau Campus Time Worked Record

Dates of Pay Period _____, 20____ thru _____, 20____

Last Name _____ First Name _____

Position _____ EmplID _____ Fund Number _____

Dept # _____ Dept Name _____ Hourly Rate _____
-REQUIRED-

Workstudy: Yes _____ No _____

ENTER DATES	S	M	T	W	T	F	S	Weekly Hours	Overtime Hours
1 st week									
2 nd week									
3 rd week									

Employee Signature

Supervisor Signature

Department Approval, Date

I certify that the above is a true statement of time worked and request that payment be made.