



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

**TIME REPORT**

<b>Incident Name</b>		<b>Incident Number (if known)</b>	
<b>Employee Name</b>		<b>Classification</b>	
<b>Pay Period</b>	From:	To:	

Date	Time On (Military Time)	Time Off (Military Time)	Total Regular Time	Total OT Time (if applicable)	Total Comp Earned (if applicable)	Lunch (Unpaid)			Location(s) Worked
						30 min.	N/A	Other	
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
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						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

<b>Comment(s)</b>	
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<b>Employee Signature</b>		<b>Date</b>	
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Official Use Only

<b>Government Officer's Signature</b>		<b>Date</b>	
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<b>Entered</b>	Init:	Date:	<b>Audited</b>	Init:	Date:	<b>Submitted</b>	Init:	Date:
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