

## MICHIGAN DEPARTMENT OF NATURAL RESOURCES

## **TIME REPORT**

Incident Name							Incident Number (if known)									
Employee Name							Classification									
Pay Period			rom:	To:												
	Time C	)n	Time Off	Total Regular	Total OT Time	Tot	Total Comp Earne	ed	Lunch (Unpa				nid)	_		,
Date	(Military Time)				(if applicable)	(if applicable)		30 min. N/A		Α	Other	Loca	ation(s) Wor	n(s) Worked		
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Comment(s)																
Employee Signature														Date		
Official Use Only																
Government Officer's Signature														Date		
Entered		it:		ate:	Audited	Init:		Date: S		ubm	itted	Init:	Date	:		