

**MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS  
HOURLY WORKERS REPORT**

*You must record (i) all actual time worked, (ii) your actual starting/stopping times each work day, and (iii) the actual times that you leave and return to work for any partial workday absences, as required by the Fair Labor Standards Act.*

Place of Labor & Department \_\_\_\_\_

I.D. # \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

CHECK IF NEW ADDRESS

Day	Time In	Time Out	Time In	Time Out	Time In	Time Out	Hours Worked	Supervisor Initials As Needed*	Pre-Approved Special Travel				-OFFICE USE ONLY-			CODE		
									MILEAGE	TRANS. TOLL/Lodg	Meals		REGULAR TIME					
											Overnight	Day Only					OVERTIME*	
Thu																	10100	
Fri																	10101	
Sat**																	10104	
Sun																	10105	
Mon																	10001	
Tue																	10106	
Wed																	10113	
1st Week Total:																		10113
Thu																	10602	
Fri																	10603	
Sat**																	11403	
Sun																	11406	
Mon																		
Tue																		
Wed																		
Total:																		

\* You must obtain your supervisor's prior approval for any additional working time or overtime beyond scheduled hours and have him/her initial this time sheet on that date.

\*\* Conference hourly employees may not perform assigned ministry on the Sabbath except in accordance with the NAD Working Policy and the prior approval of their Supervisor.

- OFFICE USE ONLY -			
11300	11302	11301	10301

*Please submit to Treasury by the 1st Friday following the last Wednesday of the pay period.*

The following hours (with dates) were sick time: \_\_\_\_\_

The following hours (with dates) were vacation time: \_\_\_\_\_

I certify that I have reported on this time sheet all working time during each work week of this payroll period, and that I have not omitted any hours worked, including any overtime hours, from this time sheet. I understand that false, misleading, or omitted information on this report may result in termination of my employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature