

**National Bureau of Economic Research, Inc.**

Accounting Department  
 1050 Massachusetts Avenue  
 Cambridge, Massachusetts 02138

**SALARIED EMPLOYEE TIME REPORT**

\_\_\_\_\_  
 Location of Employee

This report should be completed and submitted to the Payroll Department each month, within three business days after the month ends.

Enter all hours to the nearest quarter - hour.

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Month and Year

Project or Dept. #	Project or Department Name	Week of	Week of	Week of	Week of	Week of	Total
Total Hours Worked							
Earned Time *							
Holiday *							
Other - not deductible from pay (explain below) *							
Other - deductible from pay (explain below) *							
Total Hours (not less than normal work schedule)							

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Supervisor's Signature

\* Enter dates in this space and number of hours in columns

EXPLANATIONS :