

OHIO PUBLIC WORKS COMMISSION

IN KIND CONTRIBUTIONS TIME REPORTING RECORD

Name of Subdivision		Project Number				Project Name																				
Payroll Number		For Two Week Period Beginning				Name of Person Preparing This Report				Telephone Number ()																
Employee Name	Job Classification	Project Hours Worked Each Day														Total Proj. Hrs.	Hourly Rate of Pay	Fringe Benefits Paid Per Hour			Total Hourly Comp.	Bi-Weekly Project Gross Salaries				
		S	M	T	W	T	F	S	S	M	T	W	T	F	S			P.E.R.S.	Other *	* Please indicate in this column how other fringe benefit, rates were determined.						
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