



MITIGATION PROJECT RECORD – LABOR (IN-KIND)

AUTHORITY: 1976 PA 390; COMPLIANCE: VOLUNTARY

I. GENERAL INFORMATION										
Subrecipient Name:					Project Number:					
Location of Work:		Description of Work:				Time Period: Start Date		End Date		
-										
II. LABOR RECORDS (IN-KIND)										
Employee Name / Title	Date / Hours Worked Each Day						Total Hours	Hourly Rate	Total	
	Date:									
	Hours									
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	Hours									
III. TOTALS								(2) ->		
Regular Pay (2)										
x Fringe Benefit Rate (%)		<small>** Note - Number must be entered as a decimal. ** I.E. 6.35% = 0.635, 7% = 0.07, 7.5% = 0.075, 8.25% = 0.825, 10% = 0.1, etc.</small>								
Regular Benefits (1)										
Regular Benefits (1)										
Regular Pay (2)										
IN-KIND Labor Total										

I certify that the above information was transcribed from timesheets, payroll records, equipment log invoices, stock records or other documents which are available for audit.	
Subrecipient's Authorized Representative	MSP/EMHSD USE ONLY
Signature:	This form has been reviewed and found correct with the exceptions as noted. Reviewer Initials:

**** NOTE: ATTACH REQUIRED DOCUMENTATION FOR EACH IN-KIND LABOR RECORD LINE ****