



MITIGATION PROJECT RECORD – LABOR (FORCE AND IN-KIND)

AUTHORITY: 1976 PA 390; COMPLIANCE: VOLUNTARY

I. GENERAL INFORMATION			
Subrecipient Name:	Contact Name:	Contact Phone:	Contact email:
Project Number:	Description of Work:	Page _____ of _____ (Submit as many pages as needed.)	Type: Reimbursable Expense In-Kind (Match)

II. LABOR RECORDS		Time Period (Week, Pay Period, Month, etc) / Hours Worked Each Day								** Note - Fringe Rates must be entered as a decimal. ** I.E.: 6.35% = 0.635, 10% = .1, 43% = .43, etc.						
Employee Name (Last, First)	Employee Title	Year:									Total Hours Worked	Regular Pay Rate	Fringe Rate**	Fringe Amount	Proof of Payment Attached	Total Pay
		Hours:														
		Hours:														
		Hours:														
		Hours:														
		Hours:														

III. FRINGES AND TOTALS	
Total Fringe Wages:	
Total Regular Wages:	
Total Wages:	

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:	Date:	This form has been reviewed and found correct with the exceptions as noted.	
		Reviewer Initials:	Date:

*** NOTE: ATTACH REQUIRED DOCUMENTATION FOR EACH LABOR RECORD LINE ***