

**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 of month end.

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

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Month

Project or Dept. #	Project or Department Name	Week of	Week of	Week of	Week of	Week of	Total
Total Hours Worked							
Earn Time *							
Holiday *							
Other - not deductible from pay (explain below) *							
Other - deductible from pay (explain below) *							
Total Hours							

\_\_\_\_\_  
 Signature

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

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

EXPLANATIONS :