

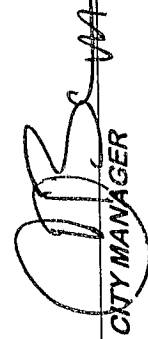
# CITY OF MUSKEGON HEIGHTS

PAYROLL FOR: 1-19-2020 2-1-2020

DEPARTMENT: CITY MANAGER

EMP. #	NAME	S	M	T	W	T	F	S	S	M	T	W	T	F	S	REG	B / D	V	S	O T	H	TOTALS	
		1-19	1-20	1-21	1-22	1-23	1-24	1-25	1-26	1-27	1-28	1-29	1-30	1-31	2-1								
<del>0052</del>	<del>Troy Bell</del>		2.0	12.0	12.0	12.0	2.0			12.0	12.0	12.0	2.0	2.0		80.0							<del>80.0</del>
<del>0040</del>	<del>[REDACTED]</del>		H	9.5	9.5	9.5				9.5	9.5	9.5	9.5			<del>66.5</del>							<del>76.0</del>
<del>0157</del>	<del>[REDACTED]</del>		H	9.5	9.5	9.5/S				9.5	9.5	9.5	9.5			<del>57.0</del>			8.5	9.5			<del>76.0</del>

*I certify that the employees named have worked the hours indicated*

  
 CITY MANAGER

Signature: \_\_\_\_\_

02/04/20  
 DATE

- Reg. Regular Scheduled Hours
- B/D Birthday
- S Sick
- OT Overtime
- H Holiday
- V Vacation
- H Holiday