State of Ohio
Ohio Department of Natural Resources
Activity Report

Name of Time Reporter:	
EMPLID:	
Payroll Beginning Date:	
Payroll Ending Date:	

PP Total
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I CERTIFY THAT THE TIME INDICATED ABOVE IS A TRUE RECORD FOR THE PERIOD.

I am responsible for review and compliance with ODNR policies and procedures. I can access these policies and procedures on the department's website at http://ohiodnr.com/tabid/9947/Default.aspx

Time Reporter's Signatue Date