Choctaw Professional Resources Enterprise

Time sheets for government contracts.

EMPLOYEE NAME: SSN:(last 4 digits only) CONTRACT ID: PERIOD COVERED:

DAY	DATE	TIME IN	TIME OUT	HOURS WORKED	ANNUAL LEAVE HOURS	SICK LEAVE HOURS	LWOP	OTHER ABSENCE	TOTAL HOURS	REMARKS
Total										

EMPLOYEE SIGNATURE:_____ **SUPERVISOR SIGNATURE:**_____

DATE: _____ **DATE:** _____

*Instructions are available on the following websites www.choctawarchiving.com; www.cprent.net; www.choctawcontracting.com