CHOCTAW PROFESSIONAL RESOURCES ENTERPRISE

Time sheet for government contracts. For information on correctly completing this form, see instructions on reverse.

EMPLOYEE NAME: _____ SSAN: _____ 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 HOURS										

EMPLOYEE SIGNATURE: _____ SUPERVISOR SIGNATURE: _____

DATE: _____ DATE: _____

FAX TO (210) 341-3455 WHEN COMPLETED.