CHOCTAW ENTERPRISES

Time sheet for government contracts.

EMPLOYEE NAME: _____ SSN: _____ (last 4 digits) 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.

******Please note, the LWOP column does not get added into the total PAID hours column**

ATTN: LORRAINE VALDEZ / AMEE COLE