

Choctaw Contracting Services

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	HOLIDAY HOURS	OTHER ABSENCE	LWOP	TOTAL HOURS	REMARKS
Total											

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____