**CHOCTAW ARCHIVING ENTERPRISE**

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

EMPLOYEE NAME: _____ SSN: _____ CONTRACT ID: _____ PERIOD COVERED: _____

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

EMPLOYEESIGNATURE: _____ SUPERVISOR SIGNATURE: _____

DATE: _____ DATE: _____