CHOCTAW ARCHIVING ENTERPRISE TIMESHEET- CM TEAM

Employee Name: _____ **Contract #:** SALMEC-07-D-0027

Position: _____

Payroll Period: _____ to _____ **Company/Payroll:** 38 / 870038

Labor	Post	Description																		Danger Pay Hours	TOTAL
C19		Travel/Rest																			
C11		Work																			
C26		Training (4 hr)																			
C27		Training (8 hr)																			
C20		Danger Pay ___%																			

Post Signature: _____ Date: _____ Post Hours: ☐

Employee Signature: _____ Date: _____ Danger Pay Hours: ☐

Supervisor Signature: _____ Date: _____ **GRAND TOTAL HOURS:** ☐

Updated 9/14/07
Created 6/25/07