

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS
Belcourt, North Dakota 58316

TRIBAL EMPLOYEE TIMESHEET

EMPLOYEE: _____ ID#: _____
 PROGRAM: _____
 PP#: FROM: TO:

OFFICE USE ONLY	ANNUAL	SICK	COMP
PREV. BALANCE			
EARNED			
AVAILABLE			
USED			
NEW BALANCE			

REMARKS: _____

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
DATE															
REGULAR															
ANNUAL															
SICK															
LWOP															
COMPT															
OTHER															

EMPLOYEE SIGNATURE: _____
 SUPERVISOR: _____
 PERSONNEL MANAGER: _____