Eastern Band of Cherokee Indians

Division _____ Program _____

Name: _____ Position: _____

Pay Period Ending: _____ Employee #: _____

Date	IN	OUT	IN	OUT	Regular	Annual	Sick	Overtime	Other/Over80	Holdiay	Admin. Leave	Funeral	Jury	Education	Subtotal	Exempt Hrs.	TOTAL
				Total Hours:													

1 Complete in ink.
2 Time sheets must be completed on a daily basis.
3 Overtime is not allowed unless authorized in writing by the Program Director/Executive Office.
4 Time sheets will not be processed unless it is completed and signed by both the employee and supervisor.
5 Time sheets must be turned in by **noon** on Friday of the Pay Period Ending.
6 Time sheets received after noon will not be processed until the following pay period.
7 Annual leave must be approved at least two (2) days in advance by the appropriate supervisor.
8 Exempt hours are for salaried employees, who are not paid more than 80 hours per payday. These hours are not to be included in the total.
9 Total all hours down, as well as across.

This time sheet is accurate and complete. I understand that false information on this time sheet is reason for immediate dismissal.

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____