

PYRAMID LAKE PAIUTE TRIBAL COUNCIL ATTENDANCE TIME REPORT

EMPLOYEE ID# _____

NAME: _____

DEPARTMENT: _____

PAY PERIOD: _____

Day	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL
Date															
Hours Worked															
Fund:															
Fund:															
Fund:															
Fund:															
Fund:															
OT Hours															
Fund OT:															
Fund OT:															
Fund OT:															
Employee Sick Leave:															
Family Sick Leave:															
Vacation/Leave:															
Holiday:															
Administrative:															

TOTAL HOURS															
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Be sure to include the total hours you expect to be paid daily and for the period

Leave w/o Pay															
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NOTES

I CERTIFY THAT THE ABOVE RECORD OF HOURS IS TRUE AND ACCURATE

Employee	Supervisor	Check Received By:
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WHITE COPY: FINANCE

YELLOW COPY: EMPLOYEE

Check Number:
