

Mohican Nation Time and Attendance Report

Employee Name: _____

Position Title: _____

Pay Period Ending Saturday: _____ - _____ - _____

HOURS WORKED (16 DIGIT PROGRAM NUMBER)	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL	OFFICE USE ONLY
PAID TIME OFF									
HOLIDAY									
OTHER									
Authorized Administrative Leave									
FUNERAL LEAVE									
JURY DUTY									
TOTALS									

Explanation and Authorization:

(Attach all authorized absence slips to time sheet) **Authorized by:** _____

The signatures below indicate that this time sheet is accurate and complete to the best of our knowledge. We further understand that willfully entering and being knowledgeable of false information being entered may result in either one or both of our dismissal and/or disciplinary action.

Employee Signature: _____

Supervisor Signature: _____

For Office Use Only

Date: _____ - _____ - _____ Check # _____ Amount _____ By _____