

White Earth Tribal Council – Employee Time Record

Pay Period Ending: _____

Employee Number: _____ **(Print) Employee Name:** _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Date:															
Reg. Hrs															
PTO															
Holiday															
Comp															

Employee Signature: _____ Supervisor Signature: _____

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