



**Leech Lake Band of Ojibwe  
Temporary Employment Program**

06271 Lower Frontage Road  
Cass Lake, MN 56633  
Phone 218.335.3555 Fax 218.335.3553

# TIME SHEET

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
<b>Weekly Totals</b>					

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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