

Association of Village Council Presidents

PO Box 219

Bethel, Alaska 99559

Phone 907-543-7300 www.avcp.org



NAME: _____

EMPLOYEE NUMBER: _____

JOB TITLE: _____

SOC. SEC. NUMBER _____

LOCATION: _____

PAY PERIOD BEGIN: _____ END: _____

DATES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	31	TOTAL HOURS	Payroll Use Only
<i>Circle Applicable Dates</i>	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
REGULAR TIME																		
PERSONAL LEAVE																		
HOLIDAY																		
OVERTIME																		
Admin, other																		
TOTAL HOURS																		

****DO NOT WRITE "W" for work or "T" for travel- you must write actual hours worked, even if you are salaried/exempt.****

Approved LEAVE REQUEST must be attached for any absences

Approved REQUEST FOR OVERTIME HOURS must be attached for any overtime hours worked

Leave Request(s) attached	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> Salary/Exempt
Request(s) for Overtime attached	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	OR
Timeclock report attached	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> Hourly/Non-Exempt
Copy of trip report(s) attached	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

Comments:

I certify that the above information is correct and accurately represents my work hours.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

TRIBAL ADMINISTRATOR SIGNATURE (If applicable): _____

DATE: _____

Timesheets must be submitted to the Payroll office through your department Director.