

## Veteran Forms

1. **Form SS-4** (Application for Employer Identification Number) – Please complete highlighted Box 1, Box 7b, Box 18 & Sign/Date.
  - This form allows 406 Financial Services to apply for an Employer Identification Number on your behalf.
2. **Form 2678** (Employer/Payer Appointment of Agent)-Please complete highlighted Part 2 (#2 & #4) & Sign/Date.
  - This form allows 406 Financial Services to act as an agent on your behalf and file returns/make deposits & payments to the IRS.
3. **Form 8821** (Tax Information Authorization)-Please complete highlighted areas in Part 1 & Sign/Date.
  - This form allows 406 Financial Services to request information or copies of tax returns filed with the IRS on your behalf.
4. **Oregon Combined Employer's Registration-Please complete highlighted sections**
  - In order to operate as a business in the state of Oregon, all entities are required to enroll with the Department of Revenue and Oregon Employment Department. You are considered a Domestic Household employer, and 406 Financial Services has already indicated on Page 1. Submitting this form serves the dual purpose of opening accounts with both entities and allows 406 Financials Services to pay taxes on your behalf.
5. **Oregon Authorization to Represent-Please complete highlighted**
  - This form allows 406 Financial Services to pay and report all necessary state taxes to both the Department of Revenue and Oregon Employment Department.

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested _____	
	<b>2</b> Trade name of business (if different from name on line 1) _____	<b>3</b> Executor, administrator, trustee, "care of" name _____
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) _____	<b>5a</b> Street address (if different) (Do not enter a P.O. box.) _____
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions) _____	<b>5b</b> City, state, and ZIP code (if foreign, see instructions) _____
	<b>6</b> County and state where principal business is located _____	
	<b>7a</b> Name of responsible party _____	<b>7b</b> SSN, ITIN, or EIN _____
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members _____ ▶
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated _____	State _____	Foreign country _____
<b>10</b> <b>Reason for applying</b> (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
<b>11</b> Date business started or acquired (month, day, year). See instructions. _____		<b>12</b> Closing month of accounting year _____
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____ ▶		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. _____		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here ▶ _____		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name _____	Designee's telephone number (include area code) _____ ( )
	Address and ZIP code _____	Designee's fax number (include area code) _____ ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) _____ ( )
Name and title (type or print clearly) ▶ _____		Applicant's fax number (include area code) _____ ( )
Signature ▶ _____		Date ▶ _____

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. October 2012) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

**Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.**

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**For IRS use:**

**Part 1: Why you are filing this form...**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.**

**1 Employer identification number (EIN)**   -

**2 Employer's or payer's name**  
(not your trade name)

**3 Trade name** (if any)

**4 Address**

Number
Street
Suite or room number

City
State
ZIP code

<b>5 Forms for which you want to appoint an agent or revoke the agent's appointment to file.</b> (Check all that apply.)	<b>For ALL employees/ payees</b>	<b>For SOME employees/ payees</b>
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

\*Generally you cannot appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA taxes for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**X Sign your name here**

Date  /  /

Print your name here

Print your title here

Best daytime phone

**Now give this form to the agent to complete.** ▶

### Tax Information Authorization

► Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ► Don't sign this form unless all applicable lines have been completed.  
 ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165  
**For IRS Use Only**  
 Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ►

Name and address  406 Financial Services PO Box 7008 Missoula MT 59807-7008	CAF No. _____ PTIN _____ <b>P02153857</b> Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
<b>FEIN</b>	<b>SS-4</b>	<b>2023 - 2027</b>	<b>FEIN Verification/Idenetification</b>
<b>Employment, Payroll</b>	<b>941, 940</b>	<b>2023 - 2027</b>	

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ►

**5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):  
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ►   
**Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.  
 b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ►

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . ►

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Title (if applicable)

**Owner, HCSR Sole Proprietor**

# Form OR-CER



Page 1 of 2, 150-211-055  
(Rev. 11-29-23, ver. 01)

## Oregon Combined Employer's Registration

Submit original form—do not submit photocopy

You can also register online through Revenue Online (ROL) [revenueonline.dor.oregon.gov](http://revenueonline.dor.oregon.gov). See publication 150-211-055-1 for instructions.

### Part A—Organization information

Legal business name as registered with IRS and Oregon Secretary of State (SOS)	Federal employer identification number (FEIN)	Phone
Doing business as (DBA)	Email	

Type of ownership (check only one)

Corporation     Sub-chapter S Corporation     Sole proprietorship (individual)     LLP (Limited liability partnership)

Partnership-general     Partnership-limited     Non-profit 501(c)(3) (attach federal exemption)     Other nonprofit

LLC-Corporation     LLC-S Corporation     LLC-Partnership     LLC-Disregarded entity

Recognized Indian Tribe     Other tax entity: \_\_\_\_\_

Business mailing address	City	State	ZIP code
Business physical address	City	State	ZIP code

Check box if physical address is an employee home address    North American Industry Classification System (NAICS) code

### Part B—Owner, officer, partner information

List all owners, officers, partners, or parent company. Use additional sheets if necessary. \*Must be filled in as required by OAR 150-305.100.

1. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City    State    ZIP code

Responsible for:

Filing tax returns     Paying taxes     Hiring/firing     Determining which creditors to pay first

2. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City    State    ZIP code

Responsible for:

Filing tax returns     Paying taxes     Hiring/firing     Determining which creditors to pay first

### Part C—Payroll information

#### Withholding/statewide transit tax

Check if any employees are:

Courtesy withholding     Agricultural     Working on fishing vessel     Domestic (in-home worker)

Does any domestic worker request withholding?     Yes     No

List approximate number of:	Date employees were/will first be paid (MM/DD/YYYY)
LLC members _____    Owners/officers _____    Employees _____	<input type="text"/>

# Form OR-CER



Page 2 of 2, 150-211-055  
(Rev. 04-17-23, ver. 01)

## Part C—Payroll information (continued)

### Transit Payroll Tax

Complete for employees working in these areas:

<input type="checkbox"/> TriMet Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>	<input type="checkbox"/> Lane Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>
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### Unemployment tax

Enter date first Oregon employee was/will be hired (MM/DD/YYYY)	<input type="text"/>	In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor?	Quarter <input type="text"/>	Year (YYYY)	<input type="text"/>
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### Workers' Benefit Fund

Do employees need to be covered by a workers' compensation (WC) policy?  Yes  No, but I choose to have coverage

Check the reason you do not need a WC policy:

No, employees are covered by federal WC  No, only owners/corporate officers

No, other (explain) \_\_\_\_\_

## Part D—Business acquisition (Complete only if this business acquired another business or altered its tax structure)

Check the box that best describes acquisition:

ALL of the Oregon business operations of this ongoing business was acquired/transferred. **OR**  PART of the Oregon business operations of this ongoing business was acquired/transferred.

Date of acquisition (MM/DD/YYYY): <input type="text"/>	Percentage of business acquired: <input type="text"/> %
Business ID number (BIN) <b>OR</b> Federal employer identification number (FEIN) of acquired business: <input type="text"/>	Previous owner contact phone: <input type="text"/>
Acquired business name: <input type="text"/>	Previous owner name: <input type="text"/>

## Part E—Off-site/third party payroll contact

Attach tax information authorization or power of attorney form for us to exchange information with listed contact.

Off-site payroll service, accountant, bookkeeper name: <input type="text"/>	Individual contact name: <input type="text"/>		
Off-site payroll service mailing address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	ZIP code: <input type="text"/>
Send forms to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send billings to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Part F—Registration contact person

Primary business contact name: <input type="text"/>	Title: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>

## Part G—Authorization/submitted by

I certify under the penalties for false swearing [ORS 305.990(4)], the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Authorized signature: <input checked="" type="checkbox"/>	Phone: <input type="text"/>	Date: <input type="text"/>
Name (print or type): <input type="text"/>	Title: <input type="text"/>	

Mail your completed form to: **Oregon Employment Department**  
**875 Union Street NE - Room 107** OR **Fax to: 503-947-1528**  
**Salem OR 97311-0030**

Retain a copy for your records



# Form OR-AUTH-REP Authorization to Represent

Use this form to authorize the Oregon Department of Revenue to disclose your confidential tax information to the authorized representative you identify below and to allow that representative to make decisions on your behalf. The person you authorize must meet the qualifications listed in the instructions. If a tax matter concerns a year for which a joint return was filed, see additional instructions on Form OR-AUTH-REP Instructions.

- Print clearly. Use black or blue ink.
- This form will be rejected if it isn't signed by both you and your authorized representative, is incomplete, or has unreadable information.
- This form is invalid if modified or appended.
- See additional instructions on Form OR-AUTH-REP Instructions.
- Submit your completed form through your Revenue Online account at [revenueonline.dor.oregon.gov](http://revenueonline.dor.oregon.gov), or by email to [questions.dor@dor.oregon.gov](mailto:questions.dor@dor.oregon.gov), or by mail to Oregon Department of Revenue, 955 Center St. NE, Salem, OR 97301-2555.

## Part 1 – Taxpayer information (Individual or Business entity)

Taxpayer name		Phone number (     )	
Business name			
Business owner/Officer name (Required if taxpayer is a business entity.)			
Social Security number (SSN) (Last 4)		Individual taxpayer identification number (ITIN) (Last 4)	
Business identification number (BIN)		Federal employer identification number (FEIN)	
Address		City	State     ZIP code

## Part 2 – Authorization to represent, Representative's attestation and signature

I authorize the Department of Revenue to share my confidential tax information to the authorized representative named below. I authorize my representative to make decisions on my behalf. The authorized representative must meet the qualifications to represent me before the Oregon Department of Revenue. My authorized representative will represent me for **all** tax years and **all** tax programs unless the authorization is limited in Part 3.

Representative name		Phone number (     )	
Firm, organization, or agency name			
Title (if applicable)		Email	
Address		City	State     ZIP code
Relationship		CPA, State Bar Number, or Oregon License Number (LTP, LTC, Agent)	
Signature of representative—By signing below as an authorized representative, I attest that I meet the qualifications to represent under Oregon law.			Date
X <i>Kim Fraser</i>			

## Part 3 – Authorization limitations

I limit the access and representation of my authorized representative to particular tax years or particular tax programs or both as follows:

Tax year(s): \_\_\_\_\_

Tax program(s): \_\_\_\_\_

## Part 4 – Revocation of prior authorizations

Prior authorizations to represent remain in effect until revoked in writing. If you wish to revoke previous authorizations to represent, initial here \_\_\_\_\_.

## Part 5 – Taxpayer declaration and signature

Your signature below acknowledges that your representative may receive your confidential tax information and that actions taken by your authorized representative are binding on you, even if an authorized representative isn't an attorney. Proceedings can't later be declared legally defective because your authorized representative was not an attorney. Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer: Under penalties for false swearing, I also certify and declare that I have the authority to execute this form.

Signature	Date
X	
Name	

# 2026 VDC PAYROLL CALENDAR

Timesheets are due to 406 Financial Services office by NOON of the designated date

Pay Period Start Date	Pay Period End Date	Timesheets Due	Pay Date
1/1/2026	1/15/2026	1/16/2026	1/22/2026
1/16/2026	1/31/2026	2/1/2026	2/6/2026
2/1/2026	2/15/2026	2/16/2026	2/20/2026
2/16/2026	2/29/2026	3/1/2026	3/6/2026
3/1/2026	3/15/2026	3/16/2026	3/20/2026
3/16/2026	3/31/2026	4/1/2026	4/8/2026
4/1/2026	4/15/2026	4/16/2026	4/23/2026
4/16/2026	4/30/2026	5/1/2026	5/7/2026
5/1/2026	5/15/2026	5/16/2026	5/22/2026
5/16/2026	5/31/2026	6/1/2026	6/5/2026
6/1/2026	6/15/2026	6/16/2026	6/22/2026
6/16/2026	6/30/2026	7/1/2026	7/8/2026
7/1/2026	7/15/2026	7/16/2026	7/22/2026
7/16/2026	7/31/2026	8/1/2026	8/7/2026
8/1/2026	8/15/2026	8/16/2026	8/21/2026
8/16/2026	8/31/2026	9/1/2026	9/8/2026
9/1/2026	9/15/2026	9/16/2026	9/22/2026
9/16/2026	9/30/2026	10/1/2026	10/7/2026
10/1/2026	10/16/2026	10/16/2026	10/22/2026
10/16/2026	10/31/2026	11/1/2026	11/6/2026
11/1/2026	11/15/2026	11/16/2026	11/20/2026
11/16/2026	11/30/2026	12/1/2026	12/7/2026
12/1/2026	12/15/2026	12/16/2026	12/22/2026
12/16/2026	12/31/2026	1/1/2027	1/7/2027

**Web Upload:**

[www.406llc.org](http://www.406llc.org)

**Text:**

406-239-2591

**FAX:**

406-541-7725

**Emai:**

[Payroll@406llc.org](mailto:Payroll@406llc.org)

## Employee Timesheet January 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026					1	2	3
Date January 1 - January 3							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	9	10
Date January 4 - January 10							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11	12	13	14	15	16	17
Date January 11 - January 15							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER SIGNATURE \_\_\_\_\_

**406 FINANCIAL USE ONLY**

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet January 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 16	Saturday 17
2026 Date January 16 -17; Feb 1							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	18	19	20	21	22	23	24
Date January 18 - January 24							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	25	26	27	28	29	30	31
Date January 25 - January 31							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Timesheets are due by **NOON** on the day following the end of the pay period.

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet February 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

*Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs*

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
Date February 1 - Feb 7							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Date February 8 - Feb 14							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Date February 15							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Time out:							

Timesheets are due by **NOON** on the day following the end of the pay period.      Weekly Total Hours: \_\_\_\_\_

Does this match your budgeted hours?      Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet February 16 - 28th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

**Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination**

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date February 16 - Feb 21	16	17	18	19	20	21	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date February 22 - Feb 28	22	23	24	25	26	27	28
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 1	March 1						
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:	Timesheet Due						

Timesheets are due by **NOON** on the day following the end of the pay period.      Weekly Total Hours: \_\_\_\_\_

Does this match your budgeted hours?      Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet March 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

**Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination**

*Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs*

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
2026 Date March 1 -March 7							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Date March 8 -March 14							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 15							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.      Weekly Total Hours: \_\_\_\_\_

Does this match your budgeted hours?      Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet March 16 - 31th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

*Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date March 16 -March 21	16	17	18	19	20	21	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 22 -March 28	22	23	24	25	26	27	28
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date March 29 - March 31	29	30	31	April 1			
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.      Weekly Total Hours: \_\_\_\_\_

Does this match your budgeted hours?      Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet April 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>2026</b>				1	2	3	4
<b>Date April 1 - April 4</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	5	6	7	8	9	10	11
<b>Date April 5 - April 11</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	12	13	14	15	16		
<b>Date April 12 - April 15</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:					Timesheet Due		

Weekly Total Hours: \_\_\_\_\_

Timesheets are due by **NOON** on the day following the end of the pay period.

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

<p><b>EMPLOYEE SIGNATURE</b> _____</p> <p><b>VETERAN/EMPLOYER SIGNATURE</b> _____</p>	<p><b>406 FINANCIAL USE ONLY</b></p> <p>Reviewed _____</p> <p>Hours _____</p>
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## Employee Timesheet April 16 - 30th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>  
 FAX: 406-541-7725      Text: 406-239-2591      Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2026 Date April 16 -April 18					16	17	18
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date April 19 -April 25	19	20	21	22	23	24	25
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date April 26 - April 30	26	27	28	29	30	May 1	
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by **NOON** on the day following the end of the pay period.      Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**      Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
 I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE _____   VETERAN/EMPLOYER SIGNATURE _____	406 FINANCIAL USE ONLY Reviewed _____  Hours _____
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## Employee Timesheet May 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date May 1 -May 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 1	Saturday 2	
Time in:								
Time out:								
Time in:								
Time out:								
Total Hours:								

Weekly Total Hours: \_\_\_\_\_

Date May 3 -May 9

	Sunday 3	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8	Saturday 9
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date May 10 - May 15

	Sunday 10	Monday 11	Tuesday 12	Wednesday 13	Thursday 14	Friday 15	Saturday 16
Time in:							Timesheet Due
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet May 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday 31-May	Monday June 1	Tuesday	Wednesday	Thursday	Friday	Saturday 16
2026 Date May 16 & May 31							
Time in:		Timesheet Due					
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday 17	Monday 18	Tuesday 19	Wednesday 20	Thursday 21	Friday 22	Saturday 23
Date May 17 - May 23							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

*Memorial Day*

	Sunday 24	Monday 25	Tuesday 26	Wednesday 27	Thursday 28	Friday 29	Saturday 30
Date May 24 - May 30							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet June 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date June 1 - 6

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: \_\_\_\_\_

Date June 7 - 13

Sunday 7	Monday 8	Tuesday 9	Wednesday 10	Thursday 11	Friday 12	Saturday 13
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: \_\_\_\_\_

Date June 14 - 15

Sunday 14	Monday 15	Tuesday 16	Wednesday	Thursday	Friday	Saturday
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:			Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet June 16 - 30th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date June 16 - 20

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	16	17	18	19	20		
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date June 21 - 27

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	21	22	23	24	25	26	27
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date June 28 - 30

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	28	29	30	July 1			
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet July 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date July 1 - 4

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3	4
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date July 5 - 11

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	5	6	7	8	9	10	11
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date July 12 - 15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	12	13	14	15	16		
Time in:					Timesheet Due		
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet July 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date July 16 - 18

	Sunday	Monday	Tuesday	Wednesday	Thursday 16	Friday 17	Saturday 18
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date July 19 - 25

	Sunday 19	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Saturday 25
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date July 26 - 31

	Sunday 26	Monday 27	Tuesday 28	Wednesday 29	Thursday 30	Friday 31	Saturday August 1
Time in:							Timesheet Due
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet August 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: August 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: August 2 - 8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2	3	4	5	6	7	8
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: August 9-15

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	9	10	11	12	13	14	15
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet August 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: August 16- 22

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 22
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: August 23 - 29

	Sunday 23	Monday 24	Tuesday 25	Wednesday 26	Thursday 27	Friday 28	Saturday 29
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: August 30-31

	Sunday 30	Monday 31	Tuesday September 1	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:			Timesheet Due				

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet September 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: September 1 - 5

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

*Labor Day*

Date: September 6 - 12

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	7	8	9	10	11	12
Time in:						
Time out:						
Time in:						
Time out:						
Total Hours:						

Weekly Total Hours: \_\_\_\_\_

Date: September 13 - 15

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14	15	16			
Time in:			Timesheet Due			
Time out:						
Time in:						
Time out:						
Total Hours:						

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

Does this match your budgeted hours?

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet September 16 - 30th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>2026</b>				16	17	18	19
<b>Date: September 16 - 19</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	20	21	22	23	24	25	26
<b>Date: September 20 - 26</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	27	28	29	30	October 1		
<b>Date: September 27 - 30</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:					Timesheet Due		

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet October 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>2026</b>					1	2	3
<b>Date: October 1 - 3</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	9	10
<b>Date: October 4 - 10</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11	12	13	14	15	16	
<b>Date: October 11 - 15</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

**406 FINANCIAL USE ONLY**

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet October 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: October 16 - 17

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 16	Saturday 17
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: October 18 - 24

	Sunday 18	Monday 19	Tuesday 20	Wednesday 21	Thursday 22	Friday 23	Saturday 24
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: October 25 - 31

	Sunday 25	Monday 26	Tuesday 27	Wednesday 28	Thursday 29	Friday 30	Saturday 31
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet November 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: November 1 - 7

	Sunday 1	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6	Saturday 7
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: November 8 - 14

	Sunday 8	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13	Saturday 14
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

*Veterans Day*

Weekly Total Hours: \_\_\_\_\_

Date: November 15

	Sunday 15	Monday 16	Tuesday	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:		Timesheet Due					

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet November 16 - 30th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

2026  
Date: November 16 - 21

	Sunday 16	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21	Saturday 21
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: November 22 - 28

	Sunday 22	Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27	Saturday 28
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

Date: November 29-30

	Sunday 29	Monday 30	Tuesday December 1	Wednesday	Thursday	Friday	Saturday
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:			Timesheet Due				

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet December 1 - 15th

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>2026</b>			1	2	3	4	5
<b>Date: December 1 - 5</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6	7	8	9	10	11	12
<b>Date: December 6 - 12</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	13	14	15	16			
<b>Date: December 13 - 15</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:				Timesheet Due			

Timesheets are due by **NOON** on the day following the end of the pay period.

Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?**

Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER  
SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_

## Employee Timesheet December 16 - 31st

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

Employee/Employer Self-Serve Timesheet: <https://payroll.406llc.org/ESS>

FAX: 406-541-7725

Text: 406-239-2591

Email: payroll@406llc.org

*Be advised that the VA only allows 2 late timesheets, the 3rd late timesheet can result in termination*

Hours are measured in quarter hour increments to the nearest quarter hour. 15 min = .25 hr; 30 min = .5 hrs; 45 min = .75 hrs

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>2026</b>				16	17	18	19
<b>Date: December 16 - 19</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	20	21	22	23	24	25	26
<b>Date: December 20 - 26</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	27	28	29	30	31	January 1	
<b>Date: December 27 - 31</b>							
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:						Timesheet Due	

**Timesheets are due by NOON on the day following the end of the pay period.** Weekly Total Hours: \_\_\_\_\_

**Does this match your budgeted hours?** Total Timesheet Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.  
I understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

VETERAN/EMPLOYER SIGNATURE \_\_\_\_\_

406 FINANCIAL USE ONLY

Reviewed \_\_\_\_\_

Hours \_\_\_\_\_