



NYE COUNTY SCHOOL DISTRICT CLASSIFIED Employee Bi-Monthly Time Sheet

Must be properly completed & mailed to the District Office the LAST WORKDAY of the Pay Period

******MUST BE PRINTED ON GREEN PAPER******

Revised 6-20-08

Employee # _____

Location: _____

Employee's Name _____

Pay Period 16th thru 31st, Month of _____, 20____

02-Sick Leave
04-Vacation

06-Personal Leave
20-Holiday

14-Leave Without Pay
08-Family Sick Leave

12-Legal Summons
18-Bereavement

Date	Day	Description of Work	Leave	Hours	Rate	Amount
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL REGULAR HOURS _____

Employee's Signature

Approved-Supt., Principal or Head Teacher

Hours x Rate

Base Pay

Check Date

x