



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 YELLOW PAPER******

Revised 6-20-08

Employee# _____

Location: _____

Employee's Name _____

Pay Period 1st thru 15th, 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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

TOTAL REGULAR HOURS _____

Employee's Signature

Approved-Supt., Principal or Head Teacher

Hours	x	Rate	Base Pay	Check Date
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x