



## NYE COUNTY SCHOOL DISTRICT SUBSTITUTE Teacher Bi-Monthly Time Sheet

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

**\*\*\*\*MUST BE PRINTED ON PINK PAPER\*\*\*\***

Revised: 6-20-08

Employee# \_\_\_\_\_

Location: \_\_\_\_\_

Substitute's Name \_\_\_\_\_

Pay Period 1st thru 15th, Month of \_\_\_\_\_, 20\_\_\_\_

Date	Day	Number of Periods Taught	Rate	Amount	Teacher Absent
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

\_\_\_\_\_  
Substitute's Signature

\_\_\_\_\_  
Approved-Supt., Principal or Head Teacher

Code: \_\_\_\_\_

Hours	x	Rate	Base Pay	Check Date
-------	---	------	----------	------------

x