



**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 16th thru 31st, Month of _____, 20__

Date	Day	Number of Periods Taught	Rate	Amount	Teacher Absent
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Substitute's Signature

Approved-Supt., Principal or Head Teacher

Code: _____

Hours	x	Rate	Base Pay	Check Date
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x