



NYE COUNTY SCHOOL DISTRICT SUBSTITUTE Employee Semi-Monthly Time Sheet

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

Employee # _____

Month of: _____

20 _____

Employee's Name _____

Location: _____

Date	Day	BegTime	End Time	ABSENT EMPLOYEE/POSITION	Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

TOTAL HOURS _____

Employee's Signature

Approved--Supt, Principal, Supervisor

For payroll use only

HOURS X	RATE	CODE	CHECK DATE
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