



NYE COUNTY SCHOOL DISTRICT

Employee Semi-Monthly Time Sheet

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

Month: _____ 20_____

Special Funding: _____

Employee's Name _____

Location: _____

LEAVE Sick (**SICK**) Annual (**AL**) Personal (**PSL**) Family Sick (**FMS**) Bereavement (**BRV**)
 Jury Duty/Summons (**LGL**) Leave Without Pay (**LWOP**) Holiday (**HDY**)

Date	Day	BegTime	End Time	Description of Work	Leave	Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

TOTAL LEAVE HOURS _____

Employee's Signature

TOTAL HOURS WORKED _____

Approved--Supt, Principal, Supervisor

TOTAL HOURS PAID _____

For payroll use only