



# 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

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

Month of: \_\_\_\_\_

20 \_\_\_\_\_

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
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

**TOTAL LEAVE HOURS** \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

**TOTAL HOURS WORKED** \_\_\_\_\_

\_\_\_\_\_  
Approved--Supt, Principal, Supervisor

**TOTAL HOURS PAID** \_\_\_\_\_

*For payroll use only*

<b>HOURS X</b>	<b>RATE</b>	<b>CODE</b>	<b>CHECK DATE</b>
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