



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
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