



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

TOTAL HOURS _____

Employee's Signature

Approved--Supt, Principal, Supervisor

For payroll use only

HOURS X	RATE	CODE	CHECK DATE
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