

CLARK COUNTY SCHOOL DISTRICT

TIME SHEET

Month: _____

NAME: _____ ID# _____ LOCATION: **0617**

Substitute Vacancy Position

JOB SITE(s): _____

| DATE | TIME From - To | DAYS | |
|------|-------------------|------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| | | | |

| DATE | TIME From - To | DAYS | |
|------|-------------------|------|-----------------------|
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| | | | Total Days |
| | | | |

Employee: _____ Administrator: _____

Note: To process in a timely manner, the employer is to have the form in the office of the supervisor no later than the 25th of each month. The amount earned could take up to 60 days to process. Submit one time sheet for each month. **SUBMIT SHEETS MONTHLY.**

To submit, click File and then Print. For Printer: select Adobe PDF. Time sheets will not be cumulative. Email your time sheet to keiseja@nv.ccsd.net and trudeea@nv.ccsd.net (Complete this form using Adobe. Contact our tech support as needed)