

CLARK COUNTY SCHOOL DISTRICT TIMESHEET

COMBO CODE

Month: _____

056465-24

NAME: _____

ID #: _____

LOCATION: **617**

Job SITE(s): _____

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

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

Total Hours this Time Card	
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Employee Signature and Date

Administrator Signature

To submit, click File and then Print. For Printer: select Adobe PDF. (Before saving it to your computer, rename the file to your LAST NAME. and the last day you worked that week. For example, Anderson.07-13-22.) Timesheets will be submitted weekly and will not be cumulative. Email your timesheet to Jennifer Keiser and Amber D'Alliegro. (Complete this form using Adobe. Contact our tech support as needed)