

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**

Employee Signature and Date

Administrator Signature

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)