

CLARK COUNTY SCHOOL DISTRICT EXTRA TIME SHEET

Month: _____

NAME _____ ID #: _____ LOCATION: _____

(Mark One) Licensed Substitute Support Staff Unified

Rate of Pay: Contract Hourly Stipend \$22/hour PrepBuyOut

SERVICES RENDERED: _____

Home Instruction Only: Student Name: _____ School: _____

DATE	<u>HOURS</u>		<u>TOTAL</u>	
	FROM	TO	HOURS	DAYS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

DATE	<u>HOURS</u>		<u>TOTAL</u>	
	FROM	TO	HOURS	DAYS
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL NUMBER OF HOURS: _____

DAYS: _____

NOTE: To process in a timely manner, the employer is to have the form in the office of the unit 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.**

Employee Signature Date

Administrator's Signature/Designee Date