

Clark County School District
 Event Banker/ Ticket Takers/Ticket Sellers Time Tracking Form
 Support Staff and Substitute Employees

School Name		Please complete one section of this form for each of your support staff and substitute employees included on the accompanying Form JA. If an employee has provided more than one activity; complete one section for each activity. Multiple forms may be required. Employees must appear on both forms to be compensated. Please retain a copy of this form for your records.
Phone Number		
Contact Person		
Site Administrator		

	Week	Week Beginning Date	Week Ending Date	Hours Worked	Week	Week Beginning Date	Week Ending Date	Hours Worked
Employee Name	1				7			
Social Security No.	2				8			
Regular CCSD Position	3				9			
Activity Provided	4				10			
Total Hours Completed	5			0	11			
HR Use Only Group Delivered	6				12			

Employee Name	1				7			
Social Security No.	2				8			
Regular CCSD Position	3				9			
Activity Provided	4				10			
Total Hours Completed	5			0	11			
HR Use Only Group Delivered	6				12			

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Employee Name	1				7			
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Regular CCSD Position	3				9			
Activity Provided	4				10			
Total Hours Completed	5			0	11			
HR Use Only Group Delivered	6				12			

Administrator's Signature: _____

Date: _____