

CLARK COUNTY SCHOOL DISTRICT EXTRA TIME SHEET

Month: _____

NAME _____ SS #: _____ LOCATION: _____

(Mark One) Licensed Substitute Support Staff Unified

Rate of Pay: Contract Hourly Stipend \$50/hour \$31.50/hour

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