

## CLARK COUNTY SCHOOL DISTRICT EXTRA TIME SHEET

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 (Select one) SS #: \_\_\_\_\_ Location: \_\_\_\_\_

Licensed

Support Staff

Unified

Long Term Sub - Vacancy

Long Tem Sub - NON-Vacancy

Rate of Pay: \_\_\_\_\_ Contract Hourly \_\_\_\_\_ Contract Daily \_\_\_\_\_ Stipend \_\_\_\_\_ \$  
 \_\_\_\_\_ \$22.00 per hour \_\_\_\_\_ \$30.00 per hour

Services Rendered: \_\_\_\_\_

DATE	HOURS		TOTAL		DATE	HOURS		TOTAL	
	FROM	TO	Hours	Days		FROM	TO	Hours	Days
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

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 25<sup>th</sup> of each month. The amount earned could take up to 60 days to process. SUBMIT ONE TIME SHEET FOR EACH MONTH.

Employee Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_