CLARK COUNTY ESC EMPLOYEE TIMESHEET

Please list dates and actual hours worked to the nearest quarter hour. If using leave time, please list what type of leave is to be used. <u>ALL TIMESHEETS MUST BE SUBMITTED EVERY FRIDAY BY 5:00 PM.</u> Failure to do so could result in nonpayment for that pay period. Any additional time on this timesheet will be considered Compensatory time to be tracked by the supervisor so they may monitor that time & its use.

Week of:

| DAY of Week | Date | IN | Out to Lunch | In from Lunch | Ουτ | Total Worked Hours | Total LEAVE HRS used | TYPE OF LEAVE USED Sick, Personal, Professional, Calamity, Vacation, Bereavement (can only be used for immediate family) |
|-------------------|------|----|-----------------|------------------|----------|--------------------------|-------------------------------|---|
| Mon. | | | | | | | | |
| Tues. | | | | | | | | |
| Wed. | | | | | | | | |
| Thurs. | | | | | | | | |
| Fri. | | | | | | | | |
| | | | | | | | | |
| | | | | Total hrs | for week | | | |

Employee Printed Name & Signature_____

Dated_____

Supervisor Approval_____

Dated_____

PLEASE NOTE: Those on hourly pay are paid in arrears.

Pay for Extra or Additional time will need a 'Miscellaneous Timesheet' filled out & supervisor approval to receive payment.