West Las Vegas Schools
Employee Time Sheet
2015-16 School Year

Month :_____

Employee:_____ **Building:**_____ **Social Security #:**_____ **Code:**_____

Employee's Signature: **Supervisor's Signature:**

****Please List Compensation Time (if any) on Back of Page (Upon Approval of Supervisor)****

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		TOTAL HOURS
Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	
	Out:		Out:		Out:		Out:		Out:		Out:		Out:	
Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	
	Out:		Out:		Out:		Out:		Out:		Out:		Out:	
Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	
	Out:		Out:		Out:		Out:		Out:		Out:		Out:	
Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	
	Out:		Out:		Out:		Out:		Out:		Out:		Out:	
Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	Date	In:	
	Out:		Out:		Out:		Out:		Out:		Out:		Out:	

West Las Vegas Schools

Compensation Time Log

Date	Activity	# of Hours

Total # of Hours:

I hereby certify that the above hours were faithfully performed, and time compensation thereof has not been received.

Employee's Signature *Date* *Supervisor's Signature* *Date*