

Nederland Independent School District

TIME SHEET

Name

Month/Year

Home Campus

Department

Date	Morning		Afternoon		Reg Hours	Extra Hours	Notes	* OT or C
	In	Out	In	Out				
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

***Please distinguish if you would like Comp. Time (c) or Overtime Pay (o)**

Pay Rate _____ O/T or Extra Hours _____ Account # _____

I certify that the hours reported on this timesheet are true and correct and that work times and absences are in accordance with District policy.

Employee Signature/Date

Supervisor/Date

Personal Identification Number

Assistant Superintendent of Personnel / Date