

Washoe County School District Student Activities Timesheet



Payroll Type (check one) Certified Classified

Pay Period: Begin Date: _____ End Date: _____ Location Name: _____ Loc #: _____

Name (Last Name, First Name)	Employee ID (E000#####)	Dist. Employee		Activity	Amount To Pay
		Yes	No		
****Please attach Student Activities Check in the Amount Equal to the Total Pay Line****					Total Pay:

_____ of _____
 Prepared By Approver's Signature Approver (Please Print Name) Date Page