

SYOSSET CENTRAL SCHOOL DISTRICT

EMPLOYEE'S TIME OR OVERTIME STATEMENT

SYOSSET, NEW YORK

NAME _____

DATE _____

EMPLOYEE ID # _____

BUILDING NUMBER _____

DATE	REASON FOR TIME/OVERTIME	FROM	TO	TOTAL HOURS	REG.RATE

Total Hours _____

Employee's Signature _____

Principal's or Assistant

Principal's Signature _____

**ALL INFORMATION MUST BE LEGIBLE AND COMPLETE