SYOSSET CENTRAL SCHOOL DISTRICT
SYOSSET, NEW YORK

EMPLOYEE'S TIME OR OVERTIME STATEMENT

NAME _____ **DATE** _____

EMPLOYEE ID ___ ___ ___ ___ ___ **BUILDING NUMBER** _____

Date	Reason for Time or Overtime	From	To	Total Hours	

Employee's Signature _____ **Total Hours** _____

I verify the above hours and all extensions for this timesheet

I hereby certify that the above is an accurate statement of hours worked

Principal's or Assistant Principal's Signature _____

***ALL INFORMATION MUST BE LEGIBLE AND COMPLETE**