

GREAT NECK PUBLIC SCHOOLS

Employee Semi-Monthly Payroll Form

COMPLETE FORM IN BLUE OR BLACK PEN ONLY

Employee Name _____ School or Location _____
Employee ID# _____ Part Time _____ Overtime _____ Substitute _____ Hourly _____
Department _____ Month _____ Year _____
Job Title _____ Circle One: 1st - 15th 16th - last day
of the month of the month

Circle Days in one column only	Budget Code	Hours		Total Hours or Days	Reason for Additional Time Worked
		Start Time	End Time		
1 16					
2 17					
3 18					
4 19					
5 20					
6 21					
7 22					
8 23					
9 24					
10 25					
11 26					
12 27					
13 28					
14 29					
15 30					
31					

Total Additional Hours or Days for Pay Period _____ Hourly Rate _____

This is to certify that the work or labor services, detailed above, have been actually performed for and on behalf of the Board of Education of the Great Neck Public Schools; that this claim is just, due and unpaid, and that there are no offsets against same; that the items and specifications therein are correct; that the same charges are reasonable and just; and that no payment has been made on account thereof, except as included or referred to in such account or claim.

Employee Signature _____ Date _____

Approved for Payment:

Administrator's Signature _____ Date _____

Additional Authorizing Signature _____ Date _____

when required

Rev. 8/2022