

**GREAT NECK UNION FREE SCHOOL DISTRICT
Employee Semi-Monthly Payroll Form**

Rev. 6/2014

Employee Name: _____ School or Location: _____
 SS # or ID #: _____ Check One:
 Department: _____ Part-time Overtime Substitute Hourly
 Job Title: _____ Budget Code: _____ Hours: _____
 Month & Year: _____ Period Ending: _____

DAY	BUDGET CODE	HOURS		TOTAL HOURS DAILY	COMMENTS OR ADDITIONAL INFORMATION
		Time In	Time Out		
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					

Time sheets are to be submitted in ink at the end of the semi-monthly period.

Approved for payment:

Administrator's Signature

Date

***Your signature certifies that an Authorization for Overtime Pre-approval Form is on file in your office.**