

VESTAL CENTRAL SCHOOLS

Vestal, New York 13850

Budget Code _____

PAYROLL REPORT

Employee _____ Title _____

Building or Department _____

Pay Period: From: _____ To: _____

Date of Service	Time In	Time Out	Number of Hours	Purpose	Emergency
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____
					YES ____

Total Hours Worked:		<small>Office Use Only</small>
		Straight ____ Time & Half ____ Double ____

Date Submitted _____

Employee Signature _____

Principal or Supervisor Signature _____

Administrative Approval _____

Please complete a separate form for each individual employee. Report overtime work and work of substitute employees.