

Snowmobile Law Enforcement State Aid Program April 1st - March 31st Form A - Payroll

Employee Name: Title or position:									April 1st - March 31st - Form A - Payroll				
*OT or shift	differential mu	st be gi	ven se	parately f	rom, and	not incl	uded in,	hours a	ınd pay	for regul	ar employme	ent	
		Straight Time			Overtime			Shift Differential					
Pay Period Dates	Dates Employed	Total Hours	Rate/ Hour	Total	Total Hours*	Rate/ Hour	OT Total	Total Hours*	Rate/ Hour	Diff. Total	Pay Period Total	Date Paid	
					•		•	Total:					
Law, shall be an author	ol so assigned, authorized and rized expenditure. If an office d, and that portion of wages	r is assigned to	such duty, a	ıll wages earned dı	uring such period	l become part o	of a claim. If an	officer is assig	ned snowmol				
pay, dates and hours in	nstructions, and I hereby cert ndicated above are derived fro office of the Chief Fiscal Office	om agency pa	yroll sheets fo	or the period during	g which said em	oloyee was excl	lusively employ	ed in the enfor	cement of the	New York State	Snowmobile Law, ar	nd a copy of this	
Signed:					Signed:								
	Department He	ead of Enfor	cement Uni	it .			Chief I	Fiscal Office:	r				
Date:					Date:								