

# WALL TOWNSHIP PUBLIC SCHOOLS PAYROLL VOUCHER

Employee Name: \_\_\_\_\_ SSN#     \*\*\*\_\*\*\_    

Program : \_\_\_\_\_ Job Title/Position \_\_\_\_\_  
(As it Appears In Board Minutes) (As it Appears In Board Minutes)

School Level \_\_\_\_\_

Please Check All Which Applies						Total Hrs. or Days	
Date	Loc.	Description	Instructional	Non-Instructional	Overtime		Substitute

Employee's Signature: \_\_\_\_\_ Total Hrs. or Days \_\_\_\_\_  
 Rate \_\_\_\_\_

Board Approval Date: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

Budget Account: \_\_\_\_\_

Principal or Supervisor Signature: \_\_\_\_\_

**PLEASE NOTE:**

1. Employee's last 4 of SS# and Signature must appear on all vouchers.
2. Fill in all required information. Incomplete/incorrect vouchers will be returned.
3. Principal/Supervisor signature is approving total due.
- 4. OVERTIME AND EXTRAS ARE PAID THE END OF THE MONTH. Subs are paid Semi-Monthly.**
- 5. Vouchers are to be submitted monthly or no later than 45 days from the earliest date included on the voucher.**
6. June 30th is the last day to submit vouchers for current year.
7. Please keep a copy for your records.

<i>Due Dates</i>	Pay Date	<i>Due Dates</i>	Pay Date	<i>Due Dates</i>	Pay Date