

All information on this form MUST be completed for vouchers to be processed each payroll. Incomplete vouchers will be returned to the administrator to correct. By signing this voucher, the employee and administrator attest that all information has been reviewed and is correct to the best of their ability.

| Employee ID: | Union/Group: (SPARK, Temp, Teacher, CAPS) |
|---------------|----------------------------------------------|
| Printed Name: | |
| Department: | |

| | TIME | | | |
|---------|------|----|-------|-------------------------------------|
| DATE(S) | FROM | ТО | HOURS | PROGRAM EVENT/OVERTIME/TYPE OF WORK |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

| hours (Not Days) | \$ | \$ | | | | | |
|---------------------|--------------------|--------------|--|--|--|--|--|
| Total Hours Worked | Hourly Rate of Pay | Total Amount | | | | | |
| Budget Code: | | | | | | | |
| hours (Not Days) | \$ | \$ | | | | | |
| Total Hours Worked | Hourly Rate of Pay | Total Amount | | | | | |
| Budget Code: | | | | | | | |
| | | | | | | | |
| Employees Signature | Date | | | | | | |

Administrator Signature

Date

Administrator Printed Name

Payroll Vouchers may be obtained at each school office. Vouchers are to be processed on a twice-monthly basis. The 1st -15th should be turned in immediately following your last day of work for that pay period. This timeframe will be paid on the last day of the month. The 16th-31st should be turned in immediately following your last day of work for this pay period. This timeframe will be paid on the following 15th of the month.

Revision Date: 09-08-2022 (no other voucher versions will be accepted after 9/1/2022 and will be returned to the administrator.)