JEFFERSON TOWNSHIP BOARD OF EDUCATION
OVERTIME/EXTRATIME VOUCHER

NAME _____

Dates From: _____ To: _____

						FOR PAYROLL USE ONLY		
						RATE		Gross Pay
Date	School	Reason	Rate Factor	# of Hours Worked	Supervisor's Approval	Hourly	Daily	
TOTALS								

CLAIMANT'S CERTIFICATION

I declare that the good and/or services itemized on this voucher have been rendered; that no bonus has been received by any person with the knowledge of the deponent; that the above bill is true and correct.

Rate Factor:
1.0 - Regular
1.5 - Overtime
2.0 Sunday/Holiday

Signature of Employee: _____