JEFFERSON TOWNSHIP BOARD OF EDUCATION
SUBSTITUTE VOUCHER

NAME _____ Dates From: _____ To: _____

Date	School	Name of Person for Whom You Subsituted	Position and Grade	# of Hours Worked	Principal's Approval	FOR PAYROLL USE ONLY RATE Hourly	Daily	Gross Pay
TOTALS								

CLAIMANT'S CERTIFICATION

I declare that the goods 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.

Signature of Employee: _____

Position:
- A1 - Classroom Aide
- A2 - Other Aide
- C - Custodian
- M - Maintenance
- N - Nurse
- S - Secretary/Clerical
- T - Teacher

Grade:
- 30 - Pre K/K
- 31 - 1-5
- 32 - 6-8
- 33 - 9-12