## JEFFERSON TOWNSHIP BOARD OF EDUCATION **OVERTIME/EXTRATIME VOUCHER**

| NAME: _        |        |        |                | _ DATES: From        |                         | to                   |       |              |
|----------------|--------|--------|----------------|----------------------|-------------------------|----------------------|-------|--------------|
|                |        |        |                |                      |                         | FOR PAYROLL USE ONLY |       |              |
| DATE           | SCHOOL | REASON | RATE<br>FACTOR | # OF HOURS<br>WORKED | SUPERVISOR'S<br>APROVAL | RATE                 |       | GROSS<br>PAY |
|                |        |        |                |                      |                         | Hourly               | Daily | -            |
|                |        |        |                |                      |                         |                      |       |              |
|                |        |        |                |                      |                         |                      |       |              |
|                |        |        |                |                      |                         |                      |       |              |
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|                |        |        |                |                      |                         |                      |       |              |
| TD 4 1         |        |        |                |                      |                         |                      |       |              |
| <b>Totals:</b> |        |        |                |                      |                         |                      |       |              |

## **CLAIMANT'S CERTIFICATION**

I declare that the goods and/or services itemized on this voucher have been tendered, that no bonus has been received by any person with the knowledge of the deponent; that the bill it true and correct.

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

| Signature of Employee: |  |
|------------------------|--|
|                        |  |