

**JEFFERSON TOWNSHIP BOARD OF EDUCATION
SUBSTITUTE VOUCHER**

IMPORTANT:
You **MUST** submit your timesheet vouchers within the 30-day time period of your last assignment.

NAME: _____ **DATES: From** _____ **to** _____

						FOR PAYROLL USE ONLY		
DATE	SCHOOL	NAME OF PERSON FOR WHOM YOU SUBSTITUTED	POSITION AND GRADE (See Codes Below)	# OF HOURS WORKED	PRINCIPAL'S APPROVAL	RATE		GROSS PAY
						<i>Hourly</i>	<i>Daily</i>	
Totals:								

CLAIMANT'S CERTIFICATON

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 _____

<u>Position</u>	<u>Grade</u>
A1 - Classroom Aide	30 - Pre K/K
A2 - Other Aide	31 - Grd. 1-5
C - Custodian	32 - Grd. 6-8
M - Maintenance	33 - Grd. 9-12
N - Nurse	
S - Secretary/Clerical	
T - Teacher	