East Rutherford Board of Education 250 Grove Street East Rutherford, NJ 07073 Payroll Voucher

NAME:						Phone #:			
POSITION	(Please check o	one box):				School: Resolution #			
		ESY Progra	m			Home Instruction			
		Tutoring				Over Time			
	(tutors attach supporting docs)					Sub Custodian			
	- 0	CST				Sub Nurse			
		Other:							
Date	1	Job Description	n	Time In	Time Out	Total Hours Worked	Hourly Rate (x)	Subtotal (=)	
Dute		job Description	••		Time out	Total Hours Worked	Hourry Rate (x)	Subtotal ()	
			-						
	-								
			Total						
Expenditure	Account Code	:							
**FOR PAYR	OLL USE ONI	.Y							
Employee's Signature Date					Supervisor's Signature			Date	
								0.	
Superintendent Signature Date						Business Admin Signa	ture		Date