Independent School District No. 271

PAYROLL VOUCHER

Salaried Regular Employees Classified Service

Name _____ Loc. Code _____ Dept. Code _____ Empl. No. _____

Location _____ Department _____ Pay Period Ending _____ 20 _____ Base Hourly Rate _____

Date	Start Time	Stop Time	Regular Hours	Over-time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
TOTAL				

Date	Start Time	Stop Time	Regular Hours	Over-time
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTAL				

Permits	Regular Time	Over-time

Building Reservations	01	005	810	134	171	000	

NIGHT DIFFERENTIAL

Check approp. square to describe type of leave	Leave W/O Pay	Emer. Pers. Leave	Sick Leave	Annual Leave	Dates	Number of Hours

TIME OFF

This is a true and correct claim

_____

Claimant Signature

APPROVAL FOR PAYMENT

_____

Supervisor

_____

Principal or Administrator

_____

Buildings and Grounds

ps/pay 002 1/09