

CUSTODIAL OT VOUCHER

(Original voucher must be received by the payroll department to receive payment)

SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY

Name: _____

Date: _____

EHB

MMS

CMS

CHS

(Please check to indicate school assignment)

DATE	REASON FOR OT	START TIME	FINISH TIME	REGULAR HRS	OVERTIME HRS	OTHER
TOTAL HOURS						
<i>enter amount ---></i> RATE PER HOUR -						
TOTAL PAY						

I hereby certify that the amount authorized for payment is justly due and owed for services rendered as indicated and payment is approved.

Employee Signature

Signature of Supervisor

BA Approval

Business Office Use Only:

3-105

BOE Approval Date:

Account Code: