

# LONG-TERM SUB 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: \_\_\_\_\_  
(Please print)

Assignment: 3-889 - Maternity Leave Replacement

EHB

MMS

CMS

CHS

(Please check to indicate school assignment)

DATE	ASSIGNMENT	START TIME	FINISH TIME	TOTAL HOURS	RATE OF PAY	TOTAL PAY
TOTAL DAYS WORKED						
					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.

Date                      Employee Signature                      Signature of Principal/Supervisor                      BA Approval

*Business Office Use Only*  
BOE Approval Date: \_\_\_\_\_

Account Code: \_\_\_\_\_