

VOUCHER-PAYROLL DEPARTMENT

BOARD OF EDUCATION CALDWELL-WEST CALDWELL, CALDWELL, N.J.

NEW EMPLOYEES WILL NOT BE PAID UNLESS (W-4) INCOME TAX FORM, WITH SOCIAL SECURITY NUMBER IS ATTACHED.

PAY TO: EMPLOYEE _____

SCHOOL/DEPT. _____

Last four digits of SOCIAL SECURITY NUMBER XXX-XX- _____

All hours, rate and amount due must be listed.

DATES WORKED	WORKED PERFORMED	VERIFIED HOURS	RATE	AMOUNT DUE
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Total hr. _____			Total \$ _____	

EXPLANATION OF WORK: _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SHOULD RETURN ANY INCOMPLETE FORM TO THE EMPLOYEE

SUPERVISOR SIGNATURE _____ DATE _____

BUSINESS ADMINISTRATOR _____ DATE _____
(Superintendent or Asst. Supt. in absence of BA)

DATE PAID _____

ACCOUNT NO. X _____

** If received after the deadline, it will be paid during the next pay period **