

ONE COPY ONLY

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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 _____

ADDRESS _____

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
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Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

EXPLANATION OF WORK: _____

Total hr. _____ Total \$ _____

INCOMPLETE FORMS WILL BE RETURNED

SUPERVISOR _____

DATE _____

SUPERINTENDENT OR ASSISTANT SUPERINTENDENT _____

DATE _____

BUSINESS ADMINISTRATOR _____

DATE PAID _____

ACCOUNT NO. _____