

# VOUCHER GENERATION PROCESS FORM

WASHINGTON COUNTY SCHOOL DISTRICT

## EMPLOYEE INFORMATION

PLEASE ADVISE: All employees who will have unsupervised access to students are required to submit to a background check.

- Fiscal Year: \_\_\_\_\_
- Employee name: \_\_\_\_\_ ○ Employee number: \_\_\_\_\_
- Employee phone: (    ) \_\_\_\_ - \_\_\_\_ ○ Employee email: \_\_\_\_\_
- School Number: \_\_\_\_\_ ○ School Name: \_\_\_\_\_
- Employee Position: \_\_\_\_\_

## PAYMENT INFORMATION

PLEASE ADVISE: Classified employees may not receive more than the \$1,475.00 nominal fee regardless of how many extra-duty assignments they are assigned.

- Extra-Duty Assignment: \_\_\_\_\_

- Total amount from budget: \$ \_\_\_\_\_  
FICA and Benefits (If applicable) will be deducted from this amount

**OR**

- Amount to employee: \$ \_\_\_\_\_  
FICA and Benefits (If applicable) will be added to this amount

- Date(s) services were performed: \_\_\_\_\_

- Time(s) services were performed: \_\_\_\_\_

- Other \_\_\_\_\_

- Desired Payment date (month/year): \_\_\_\_\_

- Account for funding: \_\_\_\_\_ ○ Check attached?    Yes    No

Original check sent to Accounts Payable  
 Photocopy of check attached to this form and sent to Human Resources

- Stipend Notes: \_\_\_\_\_

## SUPERVISOR APPROVAL

By signing this document, I certify that the employee indicated above meets the criteria to receive payment for the additional assignment indicated on this form. I also certify that all work and preparation performed for this voucher was accomplished outside of the contracted or scheduled workday.

- Signature: \_\_\_\_\_ ○ Date: \_\_\_\_\_