

**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 \$1,227.00 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: \_\_\_\_\_
- Recurring Payment                      ○ One time payment
- 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: \_\_\_\_\_