

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 Cathy Aitken

Photocopy of check attached to this form and sent to Terri Hendrix

- 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 preformed for this voucher was accomplished outside of the contracted or scheduled workday.

- Signature: _____ ○ Date: _____