WESTFIELD BOARD OF EDUCATION

PAYROLL OFFICE - 302 ELM STREET

OVERTIME VOUCHER

Submit Original Voucher Only

Date: _____ **Name:** _____

Please Print

School:_____

Please Check Your Attendance

List each Date Worked	Assignment	Hours Worked	Amount	Total

FOR PAYROLL USE ONLY
REG HOURS @ =
O.T. HOURS @ =
TOTAL

REQUIRED SIGNATURES PRIOR TO SUBMITTING TO PAYROLL

_____

1. Employee Signature: **Date**

_____

2. Principal or Supervisor Signature **Date**