

Lincoln County Schools Supplemental Pay Voucher

Name _____

Employee ID # Required _____

Position _____

Location _____

Please describe reason for Supplemental Pay

Date	Start Time	End Time	Hours	Notes
		Total Hours		
		Rate of Pay		
		Amount to be Paid	\$	

Signature of Employee _____ Date _____

I hereby certify that the above record is a true and accurate summary of my work

To be completed by Supervisor

Account Code _____

Principal's signature of approval for payment _____ Date _____

Director's Signature _____ Date _____