

Oakdale Joint Unified School District

PAYROLL VOUCHER

(Voucher Must Be Turned In To The District Office **NO LATER** Than The 16th Of The Month)

LEGAL NAME: _____

SITE: _____

EMPLOYEE NUMBER: _____

PERIOD COVERED: _____

Date	Job Title	Reason for Work	Time In	Time Out	Hours Worked

Employee's Signature

Date

Administrator/Supervisor's Signature

Date

****Business Office Use Only****
(Coding Summary)

Reg Hours	Overtime Hours	Rate	Amount	Account Number