WALL TOWNSHIP PUBLIC SCHOOLS 2025-2026 PAYROLL VOUCHER

Employee Name: ______________________ SS#: ***-**-______

Program : ______________________

(As it appears in Board Minutes) (As it appears in Board Minutes)

Date	Loc.	Description	Start	Finish	Total Hrs. or Days

Total Hrs. or Days ______

Employee's Signature: ______________________ Rate ______

Board Approval Date: ______________________ **TOTAL DUE:** ______

Budget Account: ______________________

Principal or Supervisor Signature: ______________________

Date

PLEASE NOTE:

1. Employee's last 4 of SS# and Signature must appear on all vouchers.
2. Fill in all required information. Incomplete/incorrect vouchers will be returned.
3. Principal/Supervisor signature is approving total due.
4. **OVERTIME AND EXTRAS ARE PAID THE END OF THE MONTH. Subs are paid Semi-Monthly.**
5. **Vouchers are to be submitted monthly or no later than 45 days from the earliest date included on the voucher.**
6. June 30th is the last day to submit vouchers for current year.
7. Please keep a copy for your records.

Due Dates	Pay Date	*Due Dates*	Pay Date	*Due Dates*	Pay Date
07/03/25	07/15/25	11/04/25	11/14/25	03/03/26	03/13/26
07/21/25	07/31/25	11/18/25	11/26/25	03/19/26	03/31/26
08/05/25	08/15/25	12/03/25	12/15/25	04/02/26	04/15/26
08/19/25	08/29/25	12/17/25	12/23/25	04/20/26	04/30/26
09/03/25	09/15/25	01/06/26	01/15/26	05/05/26	05/15/26
09/18/25	09/30/25	01/20/26	01/30/26	05/19/26	05/29/26
10/03/25	10/15/25	02/03/26	02/13/26	06/03/26	06/15/26
10/21/25	10/31/25	02/18/26	02/27/26	06/18/26	06/30/26