SUFFERN CENTRAL SCHOOL DISTRICT
SALARY VOUCHER

Date Received in Payroll

TIME SHEET
TEACHING ASSISTANT-Extra Period

NAME: _____

SOCIAL SECURITY# _____

SCHOOL/OFFICE _____ **DATE:** _____

PLEASE FILL IN AND RETURN TO: PAYROLL DEPARTMENT

Dates Worked	Description of Class and #of Period	From	To	Extra Period for who

Total Periods _____

TOTAL Periods _____**@ $ 20/period = TOTAL SALARY $** _____

Signature of Substitute: _____

Approval of Supervisor: _____