WALL TOWNSHIP PUBLIC SCHOOLS
2016/17 PAYROLL DOCKING VOUCHER

Employee Name: _____ SS# ***-**-_____

Program : _____ Job Title/Position: _____
(As it appears in Board Minutes) (As it appears in Board Minutes)

Please circle: **Elementary** **Intermediate** **High School**

Please circle: **Instructional** **Non-Instructional**

Date	Loc.	Description	Hrs. or Days
		Total Hrs. or Days	
		Rate	
		TOTAL DUE:	

Employee's Signature: _____

Principal or Supervisor Signature: _____

PLEASE NOTE:

1. Employee's last 4 of SS# and legal name must appear on all
2. Principal/Supervisor signature is approving total dock amount.
3. Docking voucher must be submitted to the Business Office three days before the pay date following the date(s) being docked
4. Keep a copy for your record
5. Please print on yellow paper

Pay Dates	
07/15/16	07/29/16
08/15/16	08/31/16
09/15/16	09/30/16
10/14/16	10/31/16
11/15/16	11/30/16
12/15/16	12/23/16
01/13/17	01/31/17
02/15/17	02/28/17
03/15/17	03/31/17
04/14/17	04/28/17
05/15/17	05/31/17
06/15/17	06/30/17

Revised 6/17/16