

**TRENTON BOARD OF EDUCATION
PAYROLL VOUCHER (Grants and Funded Programs Only)**

(Please **print NEATLY** the following information)

- (1) Employee: _____ (5) Phone Number: _____
 (2) Payroll ID#: **Last 4 SS#** _____ (6) Board Approval Date: _____
 (3) Home School/Title: _____ (7) Account Number: _____
 (4) Are you a full-time employee? (circle one): Yes No (8) Date Submitted: _____

****FEDERAL PROGRAM VOUCHERS MUST BE RECEIVED IN OFFICE OF GRANTS AND FUNDED PROGRAMS IN ACCORDANCE WITH THE PAYROLL SCHEDULE ADDENDUM FOUND ON PAGE 2 OF THIS FORM****

(9) DATE WORKED	(10) DESCRIPTION OF WORK PERFORMED: OBJECTIVES & EXPECTED OUTCOME FOR PROFESSIONAL OR STUDENT LEARNING, SUPPORT <i>(Refer to agenda objectives and outcome statement/s; when working with students, parents, or facilitating a PD program indicate the number of participants serviced in column 11.)</i> CHECK TYPE OF WORK: ____ PD ____ Student Instruction ____ Parent Involvement ____ Support Planning, Data Analysis & Evaluation	(11) No. of Participants Serviced	(12) WORK LOCATION	(13) TIME		(14) HOURS WORKED	(15) TBOE RATE
				Indicate lunch &/or dinner break after 4 consecutive hours of work		Total hours excluding lunch or dinner break required after 4 consecutive hours of work	
				IN	OUT		

TOTAL HOURS = _____ X RATE OF PAY \$ _____ = TOTAL EARNINGS _____

(16) ESEA Core Academic Areas, K-12/OTHER	(17) Allowable Uses (Please check all that align with objective/work performed)	
<input type="checkbox"/> Language Arts Literacy (PD) <input type="checkbox"/> Mathematics (PD) Other <input type="checkbox"/> Perkins 21 ST Century Life/Careers <input type="checkbox"/> Specify Other Fed. Grant: _____	<input type="checkbox"/> Professional Learning Communities	<input type="checkbox"/> Addressing Students with Special Learning Needs
	<input type="checkbox"/> English Language Proficiency	<input type="checkbox"/> Effective Classroom Use of Technology
	<input type="checkbox"/> Use of Teacher/Principal Evaluation Data to Improve Instruction	<input type="checkbox"/> Improving Leadership Skills of School and District Administrators
	<input type="checkbox"/> Tiered Interventions to Improve Academic Achievement	<input type="checkbox"/> Use of Student Data and Assessment to Improve Learning
	<input type="checkbox"/> Extended Day/Year Program	<input type="checkbox"/> Parental Involvement
	<input type="checkbox"/> School Climate/Environment	<input type="checkbox"/>
	<input type="checkbox"/>	

IN ORDER FOR THIS VOUCHER TO BE PROCESSED NUMBERS 1 THRU 19 MUST BE COMPLETE OR IT WILL BE RETURNED TO THE EMPLOYEE'S ADMINISTRATOR.

I DECLARE THAT THE WORK AS STATED ABOVE WAS ACTUALLY PERFORMED:

- (18) EMPLOYEE SIGNATURE _____ **DATE:** _____
 (19) SUPERVISOR/PRINCIPAL APPROVAL _____ **DATE:** _____

PAYROLL USE ONLY

DATE PAID	DATE REC'D	TOTAL HOURS WORKED:	
		RATE OF PAY:	
		ACCOUNT SPLIT:	
		TOTAL EARNINGS:	