



Southeastern Local Schools
2025-2026 Supplemental Pay Voucher

Please complete the following information and submit this pay voucher along with any supporting documentation to the building principal's office or athletic director for signature and processing. Payment cannot be made until a completed & signed voucher is submitted to the Treasurer's office along with any supporting documentation or new hire information (if applicable).

Please Print

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security Number: _____

Phone #: _____ Email Address: _____

Direct Deposit is mandatory. If you are new or your banking information has changed you must fill out a *Direct Deposit Form*.

Employee Signature: _____ Date: _____

For Office Use Only

Position: _____ BOE Approval Date: _____ Amount: _____

Circle One: MV / JH / HS Pay Code: _____ Split: No or Yes _____
With Whom?

Principal/AD Signature Date Days: _____ Hours: _____

Needed Information

Rec'd		
<input type="checkbox"/>	New Hire Packet	<input type="checkbox"/>
<input type="checkbox"/>	Finger Prints	<input type="checkbox"/>
<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>

Rec'd		
<input type="checkbox"/>	Contract	<input type="checkbox"/>
<input type="checkbox"/>	Hours	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>