

SIGNATURE: This is to certify that I have worked the hours shown above.

Employee

Date

Part Time Employees

Allocation	FPT Responsibility
1	16 hours
.9	14.4
.8	12.8
.7	11.2
.6	9.6
.5	8.0
.4	6.4
.3	4.8
.2	3.2
.1	1.6

Unpaid Leaves of Absence/ Late Hires

# of days worked	FPT Responsibility
192	16 hours
173	14.4
154	12.8
134	11.2
115	9.6
96	8.0
77	6.4
58	4.8
38	3.2
19	1.6

INSTRUCTIONS: This form is to be completed and submitted at the end of the school. Absence of a signed Voucher will result in a deduction from your final paycheck.