2018-2019 S.A.L.T. VOUCHER

Parent's Name_____

(Please check one)

_____ 30 hours required for two parent families

_____ 15 hours required for single parent families

_____ 15 hours required for families with PK students

Date Worked	Hours Worked	Job	Family Member Name

TOTAL: _____

For Office Use Posted_____

IMPORTANT: KEEP THIS VOUCHER IN A SAFE PLACE

IT IS BEST TO TURN IN THIS VOUCHER WHEN YOU HAVE COMPLETED ALL YOUR HOURS REQUIRED FOR THE YEAR. IF YOUR HOURS ARE NOT TURNED IN BY MAY 1ST, YOUR ACCOUNT WILL BE CHARGED A FEE. IN ORDER TO RECEIVE CREDIT, THIS COMPLETED FORM MUST BE TURNED IN NO LATER THAN JUNE 30TH.