Chabot-Las Positas Community College District
PAYMENT REQUEST – PERSONAL SERVICE
PLEASE PRINT ALL INFORMATION

☐ Chabot
☐ Las Positas

DISTRICT:
☐ Hayward
☐ Livermore
☐ Dublin

NAME _____
　　　　Last　　　First　　　Middle

W# _____
Do not use SSN

FOR PERIOD ____ /16/ ____ to ____ /15/ ____
　　　　　　Month　Year　　　Month　Year

DIVISION: _____

Type of Service:

☐ Professional Expert　☐ Program Leader　☐ Lecturer

Account:

Fund	Org	Account	Program
Fund	Org	Account	Program

Basis of payment. (Professional Experts may work no more than 25 hours in a week.)

Approved by Board of Trustees: _____ for:

1. Hourly: _____ hrs @ $ _____ /hour
2. Task Fee: _____
3. **TOTAL DUE:** $ _____

Program or Target Area: _____

DATE	DAY OF WEEK	# OF HOURS WORKED	NO. PRESENT	DATE	DAY OF WEEK	# OF HOURS WORKED	NO. PRESENT
16				1			
17				2			
18				3			
19				4			
20				5			
21				6			
22				7			
23				8			
24				9			
25				10			
26				11			
27				12			
28				13			
29				14			
30				15			
31				**TOTAL HOURS**			

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Administrator Signature _____ Date _____

Print Administrator's Name: _____