



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Summer Assignment: Verification of Completion Director of Nursing



Memo to: Dean, Health and Natural Sciences Division, and District Payroll Manager

Subject: Verification of completion of summer assignment

This is to verify that I, _____, SSN # / W #: _____,
(Director of nursing program)

Have completed the following days of my summer assignment:

Date	Day of week	# of hours worked

Date	Day of week	# of hours worked
Total days:		

Signature: _____ Date: ___ / ___ / ___

Office use only

Labor Distribution Account #: _____ - _____ - _____

Division Dean signature: _____ Date: ___ / ___ / ___

To be submitted by 15th of the month to:
Chabot-Las Positas Community College District
Payroll Department
7600 Dublin Boulevard
Dublin CA 94568

Reference: Article 17.B, 21L.2 – Faculty Collective Bargaining Agreement