

Chabot-Las Positas Community College District
PAYMENT REQUEST – PERSONAL SERVICE

PLEASE PRINT ALL INFORMATION

- Chabot
- Las Positas
- DISTRICT:
- Hayward
- Livermore
- Dublin

NAME _____
Last First MI

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

W# _____

DIVISION: _____

Do not use SSN

Type of Service:			
<input type="checkbox"/>	Professional Expert	<input type="checkbox"/>	Program Leader
<input type="checkbox"/>		<input type="checkbox"/>	Lecturer
Account:			
_____	_____	_____	_____
<small>Fund</small>	<small>Org</small>	<small>Account</small>	<small>Program</small>
_____	_____	_____	_____
<small>Fund</small>	<small>Org</small>	<small>Account</small>	<small>Program</small>

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
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

DATE	DAY OF WEEK	# OF HOURS WORKED	NO. PRESENT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL HOURS			

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Administrator Signature _____ Date _____

Print Administrator's Name: _____