

# 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/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
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			
<b>TOTAL HOURS</b>			

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Administrator's Name: \_\_\_\_\_