

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

FOR PERIOD \_\_\_\_\_ /16/ \_\_\_\_\_ to \_\_\_\_\_ /15/ \_\_\_\_\_  
Month      Year      Month      Year

W# \_\_\_\_\_

DIVISION: \_\_\_\_\_

**Do not use SSN**

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

<b>Basis of payment.</b> (Professional Experts may work no more than 25 hours in a week.)	
<b>Approved by Board of Trustees:</b> _____ for:	
1. Hourly:	_____ hrs @ \$ _____ /hour
2. Task Fee:	_____
<b>3. TOTAL DUE:</b>	\$ _____

**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: \_\_\_\_\_