

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:**

☐ 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			
TOTAL HOURS			

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

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

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

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