



Georgetown ISD Payroll Authorization Form

Today's Date

Employee's Name

- *Required: print as it appears on SS Card*
- Check one: this employee is a **GISD Employee** or a **Contracted Service Employee (CSE)**

GISD Badge ID#

Description of services provided - Attach timesheet or other documentation

# of Hours/Days worked	Rate of pay	Total	Budget Code

Campus or Department

Print name & phone # of form submitter

Authorized Signature

Date

Approved by:

Business Services

Date received by Payroll