

LA VEGA INDEPENDENT SCHOOL DISTRICT
PERSONNEL / PAYROLL DEPARTMENT

AUTHORIZATION TO PAY

Employee Name: _____ **EIN:** _____

Campus: ☐ LVPS ☐ LVE ☐ LVIS-HPM ☐ LVJH-GDC
 ☐ LVHS ☐ MAINT ☐ ADMIN ☐ LVLC

Type of service to be rendered : _____

DESCRIPTION OF SERVICE(S)

DATES	# OF HOURS, GAMES OR OTHER	RATE OF PAY	SUB-TOTAL
		TOTAL	

I understand that all services must be complete before a stipend is paid. I also understand that this form must be received by the payroll office no later than the payroll cut-off date. This date varies from month to month. Please check with the campus secretary or the payroll office for the payroll cut-off dates.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Account to be charged: _____

Central Administration Approval: _____ Date: _____