

IMPERIAL VALLEY COLLEGE PAY MEMO TO HUMAN RESOURCES

Instructor Name	Employee G#:
Division:	Last 4 Digits of SS#:
Date:	

Stipend Amount (if applicable): \$ _____

OR

List the month(s), dates, and hours of assignment below (if applicable):

MM/DD	# Hours	MM/DD	# Hours	MM/DD	# Hours	MM/DD	# Hours

Total # of Hours		Hourly Rate		Amount
	X		=	\$

FUNDING CODE	% Of Split	Number of Hours	Total Dollar Amount
			\$
			\$
			\$

Reason for payment:

Approval Signatures

Area Administrator:	Date:
CHRO:	Date: