

VAL VERDE UNIFIED SCHOOL DISTRICT

# SUMMER AUTHORIZATION

CERTIFICATED

CLASSIFIED

PAYROLL PERIOD	
FROM	TO

NAME OF EMPLOYEE _____	FUNDING (F/S/R/P/G/F/O) _____	Social Security Number XXX XX ____ OR Employee Number _____
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CHECK ONE:  FULL-TIME  PART-TIME

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_

SITE / DEPT. \_\_\_\_\_

I certify that this Summer Authorization is an accurate reporting of any attendance for the above-stated period. I further understand that falsification of district records is grounds for disciplinary action including dismissal. Lastly, I understand if this is not turned in by the due date I will receive this on the following payroll.

POSITION: \_\_\_\_\_

DAY OF WEEK	DATE	HOURS	REASON WORKED
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

**TOTAL HOURS**

**FOR PAYROLL DEPARTMENT USE ONLY**

TOTAL HOURS / DAYS _____	PAYROLL NO. _____
RATE PER HOUR / DAY \$ _____	AMOUNT DUE _____
JOB CODE(S) _____	BY _____

DEPT. ADMINISTRATOR

ORIGINAL SIGNATURE (NO STAMPS ALLOWED)

Ink Required