

# IMPERIAL VALLEY COLLEGE

## CLASSIFIED PAY MEMO TO HUMAN RESOURCES

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

Month & Year: \_\_\_\_\_

Monthly Stipend Amount (if applicable): \_\_\_\_\_

**OR DAILY** Stipend (if applicable complete the dates/rates below):

List the month & day the employee performed the service and daily rate (if applicable):

MM/DD	Daily Rate	MM/DD	Daily Rate	MM/DD	Daily Rate	MM/DD	Daily Rate

Total Days \_\_\_\_\_ x \$ \_\_\_\_\_ Daily Rate = Total stipend based on daily rate \$ \_\_\_\_\_

FUNDING CODE	% Of Split

Reason for Payment:

### Approval Signatures

Employee Signature:	Date:
Area Administrator:	Date:
CHRO:	Date: