

**IMPERIAL COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES OFFICE**

AUTHORIZATION FOR ISSUANCE OF PAY WARRANT

The person(s) named below is/are authorized to receive my pay warrant for the period(s) specified below:

Name

Period*

Employee Signature

Date

-
- * Examples: from (date) to (date); fall semester 2003; spring semester 2004; summer 2004; academic year 2003 – 2004; fiscal year 2003 – 2004.
 - * The period(s) specified above shall apply only to the current fiscal year.
 - * Any changes to this authorization during the current fiscal year will require the completion of another authorization form, which must be submitted to the Human Resources Office prior to the next scheduled pay date.
 - * Authorization shall not carry over to subsequent fiscal years. Completion of another authorization form is required and must be submitted to the Human Resources Office prior to the next scheduled pay date.

5/03

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