

The Center for Teaching Excellence

Pay Request Form

Name: _____ Social Security No. _____
Address: _____ Employee I.D. # _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Business Phone: _____
Office/Department: _____

*What is your contact preferences for possible questions?

DESCRIPTION OF SERVICES

Rank/Position: _____ Course: _____
Rate of Pay: _____ Account No. _____
ILU: _____ or Hours: _____
Total: _____ \$0.00 Total: _____ \$0.00

PAYROLL

PROJECT DATES: Beginning : _____ Ending: _____

This question pertains to payroll 10 day rule policy before reimbursement.

CERTIFICATION

REQUESTED BY: _____ DATE: _____
Project Director

APPROVED BY: _____ DATE: _____
Coordinator of CTE

***Once final reports have been submitted to Innovative Learning Projects or Course Redesign Coordinators, please submit completed pay request form to Elisabeth Garcia to begin reimbursement process for contracts.**

Email: egarcia@lorainccc.edu or cte@lorainccc.edu

Office: LC 235 Phone: x4156

****All reimbursements should be submitted before May 15th of the fiscal year to allow time for processing.**