



**Special Consultant Voucher
 Payroll Services**

Employee ID# _____ First _____ M.I. _____ Last _____

Employing Office _____ Agency _____ Unit _____ Class _____ Serial _____

Daily Rate _____ Pay Period (mm/yyyy) _____

**Refer to Payroll Calendar for
 Pay Period Start & End Dates
<http://hr.csumb.edu/payroll>**

Date	Days Worked	Date	Days Worked	Date	Days Worked
		11		23	
		12		24	
		13		25	
2		14		26	
3		15		27	
4		16		28	
5		17			
6		18			
7		19			
8		20			
9		21			
10		22			

Total Payment:		Total Days:	
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I certify that I have worked the days recorded on this voucher.

I authorize the period worked by this employee and have personal knowledge of the correctness of the time to which he/she has certified.

 (Legal Signature of Employee)

 (Signature of Supervisor)

 (Approving Authority)