



LOS ANGELES COMMUNITY COLLEGE DISTRICT

APPLICATION FOR EMERGENCY PAY
DUE TO PAYROLL SYSTEM CHANGE-OVER

Applicant Name _____ Position _____ Employee # (personnel #) _____

Location (Circle one) City East Harbor Mission Pierce Southwest Trade Valley West District Office

Department _____ Assignment for which this pay applies _____

Pay period (monthly/semi-monthly) _____

Amount to be paid (net) _____

I represent as follows:

- 1. I have performed work as stated above for the Los Angeles Community College District. I was authorized to perform this work by: _____ (name) whose position is _____ (title)
2. I am eligible for employment with the District in the capacity I have been allowed to work.
3. I have submitted all paperwork required from me in order to have my employment processed, and this material was submitted in a timely manner in order for me to be paid at a payday that has already passed.
4. I have not received pay for the work performed.
5. I understand that this emergency payment will be deducted from my next regular pay warrant, as well as the applicable taxes and withholdings for both the emergency pay and the regular pay.
6. My best understanding for the reason that the payroll check was not issued is as follows:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

In the event that later review and/or audit establishes that the I was not eligible for emergency pay as stated above and as provided by District rules and regulations, I understand and agree that I will be held accountable. This accountability may take the form of employee discipline, up to and including dismissal, and will result in overpaid amounts being withheld from my personal paycheck(s), or other legal actions as may be deemed appropriate for the District.

DATE APPLICANT SIGNATURE AREA CODE AND HOME TELEPHONE NUMBER

HOME ADDRESS (P.O. BOX NOT ACCEPTABLE) CITY, STATE AND ZIP CODE

PLEASE INDICATE PREFERRED DELIVERY: (check one)

___ Pick up at District Office (5th Floor) ___ Mail to warrant address ___ Courier to Campus

I have spoken with all appropriate people and reviewed any and all documents I feel are reasonably necessary to confirm that an emergency pay warrant is appropriate for this applicant and these circumstances.

COLLEGE PRESIDENT OR VICE PRESIDENT DATE

APPROVED FOR PAYMENT

DATE CHANCELLOR, SENIOR VICE CHANCELLOR OR CONTROLLER

For Accounting Office Use Only

Date received _____ Date check was issued _____ Date check was picked up _____

Date and means by which applicant was notified of check availability _____

Eligibility audited and confirmed by (person and date)