

# TSALC ASSIGNMENT PAY FORM

## TREASURER USE ONLY

Check# \_\_\_\_\_ Check Date: \_\_\_\_\_ Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_ Taxes  
10% 6.2% 1.45%

Withheld: Federal: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ Medicare: \$ \_\_\_\_\_

### Payee Fill Out

### Assignment Pay Information

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Total Days/Hours: \_\_\_\_\_

City/ST in which Assignment Occurred: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

## PAYEE EXPLANATION OF ASSIGNMENT

---

---

---

---

---

---

Pay branch. I am receiving wages from my branch. BRANCH NUMBER: \_\_\_\_\_

By signing this document I certify that I have not been paid for same expenses by another entity.

\_\_\_\_\_  
Signature of Approval / TSALC President or VP

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip+4

\_\_\_\_\_  
Phone Number

Submit this form to the following address:

**Kimberly Arnhold  
PO BOX 57081  
Webster, TX 77598-7081**