WARRANT # _____

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: _____

Pay Rate:_____

City/ST in which Assignment Occurred: _____

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