

TSALC ASSIGNMENT PAY FORM

TREASURER USE ONLY

Check# _____ Check Date: _____ Gross Pay: \$ _____ Net Pay: \$ _____ Taxes _____

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

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**