



# Georgetown ISD Payroll Authorization Form

**Today's Date**

**Employee's Name**

- *Required: print as it appears on SS Card*
- Check one: this employee is a **GISD Employee** or a **Contracted Service Employee (CSE)**

**GISD Badge ID#**

**Description of services provided - Attach timesheet or other documentation**

# of Hours worked	Rate of pay	Total	Budget Code

**Campus or Department**

**Print name & phone # of form submitter**

\_\_\_\_\_  
**Authorized Signature**

**Date**

**Approved by:**

\_\_\_\_\_  
**Business Office**

\_\_\_\_\_  
**Date received by Payroll**