



Workforce Development

Pay Authorization

Name _____ S# _____
PRINT Last First

- Center for Workforce Development 121417
 Workforce Development Arapahoe 121425
 Adams County Phase II 121419
 Other _____

Instruction

Date(s)	Description	Hours

Total Hours _____ x **Hourly Rate \$** _____ = **Total Instruction \$** _____

Other

Date(s)	Description	Hours

Total Hours _____ x **Hourly Rate \$** _____ = **Total Instruction \$** _____

Total Amount Due \$ _____

Payee Signature _____ Date _____

Cost Center Administrator _____ Date _____