



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/23/10 - 8/05/10	\$ <u>300<sup>00</sup></u> Full __ Half __ LWP <u>X</u> (All) (1/2) (0)

Rationale/Justification for decrease in pay: Did not work during this pay period.

Individual's initials who is authorizing the decrease: [Signature]

**Payee:**  
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:** [Signature]  
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:** [Signature]  
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:** [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



PAYEE

POSITION PERFORMED

ASF Comm \_\_ Brevard \_\_ Daytona \_\_ Elections \_\_  
Executive X Judicial \_\_ Knightcast \_\_ Legislative \_\_

PAYMENT INFORMATION

Begin: End:

7/23/10 8/05/10

\$ 300.00 Full \_\_ (All) Half 4 (1/2) LWP \_\_ (0)

Rationale/Justification for decrease in pay:

Only worked 1/2 pay period.

Individual's initials who is authorizing the decrease:

*[Signature]*

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



**PAYEE**

[Redacted]

[Redacted]

**POSITION PERFORMED**

[Redacted]

ASF Comm \_\_ Brevard \_\_ Daytona \_\_ Elections \_\_

Executive X Judicial \_\_ Knightcast \_\_ Legislative \_\_

**PAYMENT INFORMATION**

Begin: **07/23/10** End: **08/05/10**

\$ 350

Full ☒  
(All)

Half \_\_  
( 1/2 )

LWP \_\_  
(0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



PAYEE

[REDACTED]	
[REDACTED]	[REDACTED]

POSITION PERFORMED

[REDACTED]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __
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PAYMENT INFORMATION

Begin: 7/23/10 End: 8/05/10	\$ <u>300.00</u> Full (All) Half (1/2) LWP (0) <u>✓</u>
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Rationale/Justification for decrease in pay: Did not during this pay period.

Individual's initials who is authorizing the decrease: (u)

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor: (MK)

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: (Signature)

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: (Signature)

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



<b>PAYEE</b>	

<b>POSITION PERFORMED</b>	
ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __	

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/23 8/03	\$ 550 Full <u>9</u> (All) Half <u>1/2</u> LWP <u>(0)</u>

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

SG President:

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG Advisor:

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



**PAYEE**

[Redacted]	
[Redacted]	[Redacted]

**POSITION PERFORMED**

[Redacted]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __
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**PAYMENT INFORMATION**

Begin: End: 7/23/10 8/08/10	\$ 300. Full <u>X</u> (All) Half (1/2) LWP (0)
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Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	
	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/23/10 8/05/10	\$ 250. Full <u>X</u> Half __ LWP __ (All) (1/2) (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

Payee: [Redacted]  
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor: [Signature]  
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: [Signature]  
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



PAYEE	
Name	PID
[REDACTED]	[REDACTED]

POSITION PERFORMED	
Job Title	Branch/Unit
[REDACTED]	ASF Comm ___ Brevard ___ Daytona ___ Elections ___ Executive <input checked="" type="checkbox"/> Judicial ___ Legislative ___

PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin:                      End:	\$ 250 (All) Full <input checked="" type="checkbox"/> Half <input type="checkbox"/> LWP <input type="checkbox"/> 300 (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Payee: [REDACTED]  
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor: [Signature]  
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: [Signature]  
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida





**PAYEE**

**POSITION PERFORMED**

**PAYMENT INFORMATION**

Begin: **07/23/10** End: **08/05/10**

\$ **500**

Full ☒ (All)

Half ☐ (1/2)

LWP ☐ (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	
[Redacted]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/23/10 8/05/10	\$ 200. Full __ Half __ LWP <u>+</u> (All) (1/2) (0)

Rationale/Justification for decrease in pay: Did not work this pay period.

Individual's initials who is authorizing the decrease: KW

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



PAYEE	
Name	PID
[REDACTED]	[REDACTED]

POSITION PERFORMED	
Job Title	Branch/Unit
[REDACTED]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <input checked="" type="checkbox"/> Judicial __ Legislative __

PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: 7/23/10 End: 8/05/10	\$ 250 Full <input checked="" type="checkbox"/> (All) Half <input type="checkbox"/> (1/2) LWP <input type="checkbox"/> (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



PAYEE	
Name	PID
[REDACTED]	[REDACTED]

POSITION PERFORMED	
Job Title	Branch/Unit
[REDACTED]	ASF Comm ___ Brevard ___ Daytona ___ Elections ___ Executive <input checked="" type="checkbox"/> Judicial ___ Legislative ___

PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: 7/23/10 End: 8/05/10	\$ 450 Full <u>7</u> (All) Half (1/2) LWP (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	
	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative

<b>PAYMENT INFORMATION</b>	
[Redacted]	
Begin: End: 7/23/10 8/05/10	\$ 450 Full (All) Half (1/2) LWP (0) <u>✓</u>

Rationale/Justification for decrease in pay: Did not work during this pay period.

Individual's initials who is authorizing the decrease: (M)

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	
[Redacted]	
[Redacted]	
	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/28/10 8/05/10	\$ 350 Full __ Half <u>(1/2)</u> LWP __ (All) (1/2) (0)

Rationale/Justification for decrease in pay: Only worked '72 pay period.

Individual's initials who is authorizing the decrease: AKO

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



UNIVERSITY OF CENTRAL FLORIDA  
STUDENT GOVERNMENT ASSOCIATION

OPS Payroll Document

PAYEE	
Name	PID
Kilbride, Michael	M1682327


POSITION PERFORMED	
Job Title	Branch/Unit
President	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

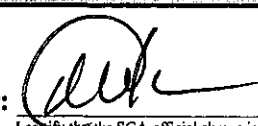
PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin:                      End:	\$ 800      Full <u>X</u> (All)      Half ( 1/2 )      LWP (0)

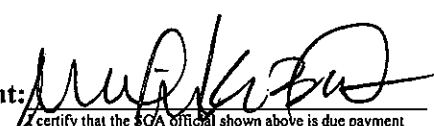
Rationale/Justification for decrease in pay: \_\_\_\_\_

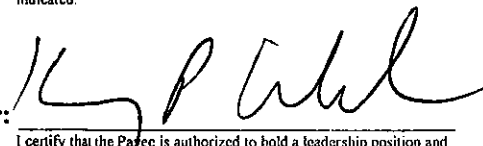
Individual's initials who is authorizing the decrease: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Payee:   
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:   
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:   
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:   
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida



<b>PAYEE</b>	
[REDACTED]	
[REDACTED]	[REDACTED]

<b>POSITION PERFORMED</b>	
[REDACTED]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
Begin: End: 7/23/10 - 8/05/10	\$ 700. Full __ Half __ LWP <u>7</u> (All) (1/2) (0)

Rationale/Justification for decrease in pay: DID NOT WORK THIS  
PAY PERIOD.

Individual's initials who is authorizing the decrease: NWC

**Payee:**

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

**Supervisor:**

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

**SG President:**

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

**SG Advisor:**

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:





PAYEE

POSITION PERFORMED

ASF Comm \_\_ Brevard \_\_ Daytona \_\_ Elections \_\_  
Executive X Judicial \_\_ Knightcast \_\_ Legislative \_\_

PAYMENT INFORMATION

Begin: End:

7/23/10 8/05/10

\$ 300

Full (All)

Half (1/2)

LWP (0)

Rationale/Justification for decrease in pay:

Did not work this  
pay period.

Individual's initials who is authorizing the decrease:

W

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:

[Signature]

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:

[Signature]

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY:



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	ASF Comm __ Brevard __ Daytona __ Elections ____ Executive <u>X</u> Judicial __ Knightcast __ Legislative

<b>PAYMENT INFORMATION</b>	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ <u>400.</u> Fall <u>X</u> (All) Half <u>( 1/2 )</u> LWP <u>(0)</u>

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease:   f  

Payee: [Redacted]  
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor: [Signature]  
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: [Signature]  
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



UNIVERSITY OF CENTRAL FLORIDA  
STUDENT GOVERNMENT ASSOCIATION

## OPS Payroll Document

<b>PAYEE</b>	
<b>Name</b>	<b>PID</b>
[REDACTED]	[REDACTED]
<b>POSITION PERFORMED</b>	
<b>Job Title</b>	<b>Branch/Unit</b>
[REDACTED] <i>INTERIM DEPUTY DIRECTOR</i>	ASF Comm ___ Brevard ___ Daytona ___ Elections ___ Executive <input checked="" type="checkbox"/> Judicial ___ Knightcast ___ Legislative ___ PR/DMD ___
<b>PAYMENT INFORMATION</b>	
<b>Pay Period</b>	<b>Payment Amount</b>
Begin: <u>7/23/10</u> End: <u>8/05/10</u>	\$ <del>450.00</del> <u>550.</u> Full <input checked="" type="checkbox"/> (All) Half ___ (1/2) LWP ___ (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

### AUTHORIZED SIGNATURES

Payee:

I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor:

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President:

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor:

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



<b>PAYEE</b>	
[Redacted]	
[Redacted]	[Redacted]

<b>POSITION PERFORMED</b>	
[Redacted]	
[Redacted]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <u>X</u> Judicial __ Knightcast __ Legislative __

<b>PAYMENT INFORMATION</b>	
[Redacted]	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ <u>250.</u> Full <u>(X)</u> Half __ LWP __ (All) (1/2) (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: [Signature]

Payee: [Redacted]

I certify that the SGA official shown above is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

Supervisor: [Signature]

I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: [Signature]

I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: [Signature]

I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.

TIME SHEET DUE TO PRESIDENTIAL SECRETARY: **WEDNESDAY - JULY 28**



UNIVERSITY OF CENTRAL FLORIDA  
STUDENT GOVERNMENT ASSOCIATION

OPS Payroll Document

PAYEE	
Name	PID
[REDACTED]	[REDACTED]

POSITION PERFORMED	
Job Title	Branch/Unit
[REDACTED]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <input checked="" type="checkbox"/> Judicial __ Legislative __

PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: 7-23-10 End: 8-5-2010	\$ 320.00 Full <input checked="" type="checkbox"/> Half <input type="checkbox"/> LWP <input type="checkbox"/> (All) (1/2) (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

AUTHORIZED SIGNATURES

Payee: [REDACTED]  
I certify that the SGA official shown above is the payee and has fulfilled all job responsibilities for the amount to be paid the amount indicated.

Supervisor: [Signature]  
I certify that the SGA official shown above is the supervisor and has fulfilled all job responsibilities for the amount indicated.

SG President: [Signature]  
I certify that the SGA official shown above is the president and has complied with all pay regulations.

SG Advisor: [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



UNIVERSITY OF CENTRAL FLORIDA  
STUDENT GOVERNMENT ASSOCIATION

OPS Payroll Document

PAYEE	
Name	PID
[REDACTED]	[REDACTED]

POSITION PERFORMED	
Job Title	Branch/Unit
[REDACTED]	ASF Comm __ Brevard __ Daytona __ Elections __ Executive <input checked="" type="checkbox"/> Judicial __ Legislative __

PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: 7/23/10 End: 8/05/10	\$ 350 Full (All) Half (1/2) LWP (0)

Rationale/Justification for decrease in pay: \_\_\_\_\_

Individual's initials who is authorizing the decrease: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Payee: [REDACTED]  
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.

Supervisor: [Signature]  
I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.

SG President: [Signature]  
I certify that the SGA official shown above is due payment and has complied with all pay regulations.

SG Advisor: [Signature]  
I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.