



## REQUEST FOR PAYROLL CHECK

Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_

SSN#: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Faculty:  Administration:  Staff:  Student:  Biweekly:  Student:

**Pay Period:** Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Date Check Required: \_\_\_\_\_

Account Number (14 numbers): \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Regular Hours: \_\_\_\_\_ Overtime Hours: \_\_\_\_\_ *[time card required]*

Flat Amount: \_\_\_\_\_

Academic Retirement Plan: Yes:  No:

Purpose of Check: \_\_\_\_\_

\_\_\_\_\_

Special Pay Instructions: \_\_\_\_\_

\_\_\_\_\_

Separate Check:  Pay with Regular Check:  Interim Check:

\_\_\_\_\_  
Authorized School/Dept. Signature: Date:

\_\_\_\_\_  
Human Resources Approval: Date: