

SPECIAL PAYROLL CHECK REQUEST

DATE: _____
FROM: Department Chairman or Office Head _____
SUBJECT: Reason for Payment _____

Please issue a special check to.

Name of Recipient	Social Security Number	Primary Dept. Code
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Retirement: Sick Leave reimbursement days to be paid _____

New Hire: Employee has worked a minimum of five days prior to the first pay date, but whose form would not be processed prior to the cut-off date.

First day worked for new hire: _____

The individual for whom this request is made is in need of money and understands that the amount of the check will be for two-thirds (2/3) of the gross amount due as the missed pay date, and that the difference between the one-third withheld and the actual amount of the withholdings will be adjusted in the next semi-monthly pay.

Check is to be picked up. Please notify _____
at ext. _____ when check is ready.

Mail check to primary department as soon as possible

Please add to regular department paychecks on the ensuing pay date.

Please mail check to home address.

Approved: _____
Department Chair/Office Head

Divisional Business Office or
Homewood Personnel/Payroll Office

Submit this form with copy of the Employee's ENTL (or original) to the appropriate divisional Office:

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| (1) Homewood Personnel/Payroll Records
119 Garland Hall (Homewood requests
must be in duplicate) | (2) Business Office
School of Hygiene & Public Health
1400 School of Hygiene & Public
Health Building |
| (3) School of Medicine Business Office
121 Medical Administration Bldg. | |

SEE PAYROLL MANUAL SECTION 03-07 FOR ADDITIONAL INFORMATION