REQUEST FOR SUBSTITUTE PAYCHECK

1. Request for permanent, temporary, and graduate student employees: **HR completes.**

   Request for undergraduate student employees: **Hiring department completes.**

2. The completed and signed form should be forwarded to the Payroll Department along with a copy of an approved personnel action and statement from the hiring department explaining the need for the Substitute Paycheck.

Employee Name: ________________________________

Banner ID: ________________________________

Gross Salary or Total Hours Due: ________________________________

Original Pay Date: ________________________________

Reason for the Substitute Check Request:

_________________________________________________________________________________

_________________________________________________________________________________

HR (perm, temp, grad): ________________________________ Date _________

Departmental Budget Authority: ________________________________ Date _________

(Undergraduate Student Employees Only)

Payroll Tech: ________________________________ Date _________

Payroll Manager: ________________________________ Date _________

Payroll ID: ____________ Payroll History Date: ____________

Payroll Document Number: ____________ Check Date: ____________

Finance Document Number: ____________ Date: ____________

Processed By: ________________________________ Completed: ____________

Certification Payment Was Received:

Employee’s Signature: ________________________________ Date__________________

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