

EMERGENCY PAYROLL CHECK PROCEDURE

1. To initiate the emergency check process, the Emergency Check Request/Approval form must be completed and signed by the departmental payroll coordinator.
2. The Emergency Check Request/Approval form must then be forwarded to the appropriate Dean/Vice President for an approval signature.
3. A Pay Form must also be completed.
4. Both the approved Emergency Check Request/Approval form and the Pay Form will be sent to Payroll Services for approval by the Payroll Manager.
5. A fee of \$50.00 will be charged to the department per each Emergency Check request. Unless we are told otherwise, the fee will be charged to the chartfield spread on the employee's job record. If the employee is being paid from multiple sources, then the fee will be charged to the source which indicates the largest percentage. If you would like to use a different chartfield spread, please provide it on the Emergency Check Request/Approval form.
6. The departmental payroll coordinator will be notified once the check is ready.
7. The check must be picked up by the employee in the payroll office. The employee is required to sign an Income Assignment form so that the funds can be appropriately allocated back to the Emergency Fund through the next payroll cycle.

EMERGENCY CHECK REQUEST/APPROVAL

Requester: _____ Campus Phone #: _____
Payee Name: _____ Payee Emplid: _____
Department: _____ Date Check is needed: _____

Please describe why this emergency check is being requested: _____

By signing, I certify that this check is being requested for emergency purposes only and that my department will be assessed a \$50 service fee to be charged to the employee's chartfield spread.

Payroll Coordinator Signature

Date

Alternate chartfield spread:

GL Acct: _____ GL Org: _____ Project/Grant: _____ Fund: _____
Program: _____ Subclass: _____ HR Account Code: _____

As the Dean/Vice President of this department, I hereby approve deny this request for an emergency check

Dean/Vice President Signature

Date

Payroll Manager Signature

Date

*****This request is null and void unless all requested information is provided, all signatures of approval are completed, and a completed Pay Form is also attached.**