

## EMERGENCY CHECK REQUEST/APPROVAL

### EMERGENCY PAYROLL CHECK PROCEDURE

1. To initiate the emergency check process, the Emergency Check Request/Approval form must be completed by the departmental payroll coordinator and signed by the department head.
2. The Emergency Check Request/Approval form must then be forwarded to the appropriate Dean/Vice President for an approval signature.
3. The approved Emergency Check Request/Approval form must then be sent to Payroll Services, [payroll-services@ouhsc.edu](mailto:payroll-services@ouhsc.edu), for approval by the Payroll Manager.
4. A fee of \$50.00 will be charged to the department for each Emergency Check request.
5. The departmental payroll coordinator will be notified once the check is ready.
6. The check must be picked up by the employee in the payroll office. This check is not charged through payroll at the time of issuance. The payroll transaction takes place on the next payroll cycle where the department/employee will see the additional income entered on the paystub. The portion already paid to the employee will then be deducted from the net due to employee. 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: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Department: \_\_\_\_\_ Date Check is Needed: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Period Worked: \_\_\_\_\_ to \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Type (i.e., regular, additional, etc): \_\_\_\_\_

HR Account Code for Payroll Transaction: \_\_\_\_\_

Please describe why this emergency check is being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chartfield Spread for fee: **(REQUIRED)**

GL Acct	GL Org	Fund*	Subclass	Program	Project/Grant
955900					

**\*Emergency check fee cannot be charged to SPNSR or CLNSP.**

By signing, I certify that this check is being requested for emergency purposes only and that my department will be assessed a \$50.00 service fee to be charged to the chartfield spread above.

I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 320.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President Signature

\_\_\_\_\_  
Date

<b><u>Payroll Services Department use ONLY</u></b>	
_____ Payroll Department Manager Signature	_____ Date