**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

 **PAYROLL SPECIAL CHECK REQUEST**

**All Fields Required**

**Please send only 1 copy to the Payroll Office either by Original Hard Copy, Fax, or Email.**

**Job record must be activated by Human Resources or Student Employment *before* the request for payment is sent to payroll. Please do not request payment for non-active employees.**

For: Name Empl ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print)

 For Monthly Paid Employees: Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For Biweekly Paid Employees: No. Hours\_\_\_\_\_\_\_\_\_\_\_\_\_Rate/Hour \_\_\_\_\_\_\_\_\_\_ Pay Period End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HR Department No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Staff/Faculty 65% of Gross Student 80% of Gross

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to notify when check ready for pick-up

 ***Name and Number***

 Please deliver check to coast via shuttle Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By: Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dept. Contact (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Box No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I understand there may be a three day period (from date Payroll receives this form) before this Special Check is ready. I have verified with Human Resources and/or Student Employment that the job record for this employee has been activated.

For biweekly employees, I understand that I must submit a prior period adjustment on the upcoming biweekly Time and Attendance Reports to reflect the hours being paid on this Special Check. (Please contact Payroll at ext. 6-4084 if you need assistance with this adjustment.)

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

Requestor Name Date

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

Requestor’s Supervisor/Department Head/Chair/Director Date

*NOTE: Either requestor or approver or both must be signature authority on HR Department.*

**Payroll Use Only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Payroll Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ck No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR/SE Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy Sent to Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Employment

 Location

Pickup Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_