**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 *before* the request for payment is sent to Payroll. Please do not request payment for non-active employees.**

**For:**

 Name Employee ID

**Employee Type:**

**Click Here and Select Employee Type from Drop-Down**

**For Monthly Paid Employees:**

**Click to enter date**

Monthly Gross Amount Missed: $ Pay Period End Date Not Paid:

Budget String to Charged

**For Biweekly Paid Employees:**

**Click to enter date**

No. Hours: Rate/Hour: $ Pay Period End Date Not Paid:

Budget String to Charge

**Reason for Missed Payment:** **Click Here and Select Reason from Drop-Down**

**Email Address to Notify and/or Instructions for Pick-Up When Check is Ready:**

**Requested By:** Dept. Contact

 Dept. Name

 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 that the job record for this employee has been activated.**

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

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(Sign) Requestor Name Date

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(Sign) 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 \_\_\_\_\_\_\_\_\_\_\_\_\_ Job Data and Pay Data Verified:\_\_\_\_\_\_\_\_\_\_