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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