

SPECIAL CHECK REQUEST

Please fill out completely. Check requests will be processed within 48 hours of receipt provided all required documents have been received and processed. Requests submitted without proper signatures will not be processed.

NAME _____

CWID _____ PAY PERIOD _____

REASON FOR REQUEST: (please check all that apply)

Timesheet

E-PAF

Other

Late _____

Late _____

Lost Check _____

No Timesheet _____

Error _____

Salary Advance _____
(Emergency Only)

Incorrect Hours _____

Explanation (Please be specific)

Requested By

Printed Name

Phone #

Approved By (REQUIRED)

Supervisor Signature

Title

Phone #

Department Head Signature

Title

Phone #

When check is ready:

Call: _____
Name

Phone #

Mail: _____
Name

Address

City, State, Zip

PAYROLL USE ONLY:

Processed: _____
Name Date

Error: Payroll _____ HR _____ Department _____ System _____