

**“CASH ON DEMAND” PAYROLL CORRECTION FORM
REQUEST FOR CASH DISBURSEMENT & PAYROLL DEDUCTION AUTHORIZATION**

Name of Employee: _____ Emp ID: _____

Department: _____ Phone: _____

Human Resources certifies that the Employee listed above was inadvertently under-paid or omitted from regular payroll processes or subject to over withholding of deductions as documented below. For underpayment of salary, this form must be accompanied by a “Job Data Change” form with department head, dean, or VP approvals (as required). For hourly-paid employees, this form must also be accompanied by a “Biweekly Time Report.” Forms are available at <http://louisville.edu/hr/forms/>. For deduction corrections, this form will be accompanied by appropriate documentation from HR Benefit Staff.

Gross Amount Owed to Employee: \$ _____ Pay Group: _____

Payroll Date for Missed or Incorrect Payment: _____

Check One: Underpayment of Salary Deduction Correction

Amount of Cash Disbursement Requested: \$ _____ [See Instruction #1 Below]

Payroll Date for Payroll Correction: _____ Regular Payroll Special Payroll

- Employee hereby requests that the Bursar’s Office issue a cash disbursement of salaries earned and payable in the amount listed. Employees may request up to 65% of salaries payable or 100% of net deduction corrections. Payments in these amounts (65%/100%) will be processed on the next Regular Payroll. Partial payments (less than these amounts) will be processed on the next Special Payroll (Wednesdays after regular paydays). Supplemental tax rates may apply to Special Payrolls.
- Employee acknowledges that payroll or deduction corrections will be processed in the next available Regular or Special Payroll, indicated above. When payroll adjustments are made, the cash disbursement will be deducted from employee earnings to reimburse the Bursar’s cash account. The deduction will be listed on the employee’s paycheck as “COD Repayment.”
- The employee acknowledges receipt of the cash disbursement above and hereby authorizes the University of Louisville to deduct the amount of the cash disbursement, on the payroll indicated.

Person Submitting Request: _____
Dept UBM, HR, or Payroll Staff Member _____ Date _____

Approved for Disbursement: _____
HR or Payroll Supervisor or Manager _____ Date _____

Info Copy Rec’d by Payroll: _____
Payroll Staff Member _____ Date _____

Cash Disbursement Received: _____
Employee Signature _____ Date _____

DedCode: DEMAND Speed Type: X0065-130105 Fax to Payroll after disbursement @ 852-5665.