



Special Check Request Form

Form must be completed online, in ink, or typed. All photocopies or forms completed in pencil will be returned to the VP/Dean.

EmplID: _____

Employee Name: _____

Pay Period Date: _____

Check Pick-up Location: Belknap HSC

Employee Pay Cycle: _____

Who to notify when the check is available:

Department Contact Email: _____

Employee Email: _____

Amount To Pay: _____

*** Small Time Sheets Must Be Attached For All Hourly Employees ***

Reason For Request:

Please provide a detailed justification for this specific request.

Chargeable Speedtype: _____

Please provide the speedtype to finance this special check request.

Department ID: _____

Position Number: _____

Department Name: _____

Signature of Requestor

Date

E-Mail Address

Print Departmental Contact

Email of Person to Be Notified When Check Is Available for Pickup

Signature of VP/Dean/Associate Dean (Required)

Date

Payroll

