

Employee Change Form—Pay Out Request

Effective Date: _____

Department #: _____

Last Name: _____

First Name: _____

Employee ID number: _____

*Please complete both sections below if requesting more than one pay request.

Type (select one): _____

If "Other", fill in type: _____

G/L Code: _____

Department #: _____

Program (if applicable): _____

Program Term (if applicable): _____

Amount: \$ _____

Type (select one): _____

If "Other", fill in type: _____

G/L Code: _____

Department #: _____

Program (if applicable): _____

Program Term (if applicable): _____

Amount: \$ _____

Comments:

Approval Signatures: I authorize payment of the requested pay out.

Initiator: _____

Date: _____

Manager: _____

Date: _____

VP of Department: _____

Date: _____

Finance: _____

Date: _____

HRIS Manager: _____

Date: _____

*Please note pay out requests require final approval by Friday at noon the week prior to the pay date. Requests received after the Friday deadline will be processed the following payroll.

Pay out processed for check date : _____(HRIS Manager to complete)