University of Montana
Human Resource Services
Emma B. Lommasson Center
Room 252
University of Montana
Missoula, MT  59812
Phone:  406-243-6766
Fax:  406-243-6095

**SPECIAL PAYROLL CHECK REQUEST**

Please use this form to request a Special Payroll Check for an employee who was not paid in their regular payroll cycle, either Bi-Weekly or Student.

* The department contact will be notified by HRS when the check is ready for pick-up. **Photo ID must be presented.**
* Special payroll checks cannot be direct deposited.
* **There is a $25.00 check charge** to the requesting department for this payment which is charged to the Index# provided below.

**Please fully complete all requested information below. Incomplete sections may delay processing. Thank you.**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee 790#:** |  |
| **Employee Time Roster #:** |  |
| **Department:** |  |
| **Job #:** |  |
| **Pay Period Applied to:** |  |
| **Hourly Pay Rate (if applicable):** |  |
| **Hours to be Paid Earn Codes:** | **Regular**\_\_\_\_\_\_\_ **Annual** \_\_\_\_\_\_\_\_ **Sick**\_\_\_\_\_\_\_\_  **TOTAL** \_\_\_\_\_\_\_ |
| **Index for Wages:** |  |
| **Gross Amount:** |  |
| **$25 Check Charge to Index/Account #:** |  |

**Employee has been notified**.

**REASON FOR SPECIAL PAYROLL CHECK REQUEST:**

Time card submitted after the deadline.

Hiring document submitted after the deadline.

Other (please explain in detail):                          

**APPROVAL FOR SPECIAL PAYROLL CHECK REQUEST:**

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**Departmental Signature**   **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name** **Phone #** 8/31/20