

 **Claremont Graduate University**  
**REQUEST FOR PAYROLL CHECK**

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

SSN: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Faculty:                      Administration:                      Staff:                      Student:                      Biweekly:

Pay Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date Check Required: \_\_\_\_\_

**Worktags:** Fill in all appropriate worktags for up to two accounts. Fields marked with an asterisk (\*) are required.

Program	Project	Grant	Gift	Job Family*	Cost Center*	Fund*	Spend Category*

Hourly Rate: \_\_\_\_\_ Regular Hours: \_\_\_\_\_ Total: \_\_\_\_\_ Overtime Hours: \_\_\_\_\_ *[time card required]*

Flat Amount: \_\_\_\_\_ Academic Retirement Plan:    Yes:    No:

Program	Project	Grant	Gift	Job Family*	Cost Center*	Fund*	Spend Category*

Hourly Rate: \_\_\_\_\_ Regular Hours: \_\_\_\_\_ Total: \_\_\_\_\_ Overtime Hours: \_\_\_\_\_ *[time card required]*

Flat Amount: \_\_\_\_\_ Academic Retirement Plan:    Yes:    No:

Purpose of Check: \_\_\_\_\_

Special Pay Instructions: \_\_\_\_\_

Separate Check:

Pay with Regular Check:

Interim Check:

\_\_\_\_\_  
Authorized School/Dept. Signature                      Date                      Human Resources Approval                      Date

\_\_\_\_\_  
Prepared By                      Date                      Payroll                      Date