

PAYROLL CHECK REQUEST

ELON UNIVERSITY

ALL INFORMATION MUST BE COMPLETED FOR REQUEST TO BE PROCESSED
Check Request Will Be Processed through Payroll on the Next Check Date after Received

Date: _____

Check Payable To: _____

I.D. # _____

Department Person to Pick Up Check: _____

Department: _____

Charge To:

Acct. Title _____ Acct. Number: _____ Amount: _____

(Hourly rate X # of Hours)

Acct. Title _____ Acct. Number: _____ Amount: _____

(Hourly rate X # of Hours)

Total Amount: _____

Contact Person: _____

Extension: _____

Supervisor Approval: _____

Date: _____

Employee's Signature Required: _____

Date: _____

Reason for Request: _____

<u>Date</u>		<u>Hours Per Day</u>	<u>Date</u>		<u>Hours Per Day</u>
_____	Saturday	_____	_____	Saturday	_____
_____	Sunday	_____	_____	Sunday	_____
_____	Monday	_____	_____	Monday	_____
_____	Tuesday	_____	_____	Tuesday	_____
_____	Wednesday	_____	_____	Wednesday	_____
_____	Thursday	_____	_____	Thursday	_____
_____	Friday	_____	_____	Friday	_____

For Payroll Use Only
