UNIVERSITY of DENVER

SHARED SERVICES CENTER

HAND CHECK REQUEST FORM

This request form must be completed and submitted to the Payroll Office by 10:00 a.m. to receive a hand check by 3:00 p.m. the next business day. This form must be signed in ink by the Director or Dean of your department.

Please complete all applicable areas. E-Mail completed, signed form to Payroll@du.edu

FULL NAME:

DU ID #

Position #

Suffix

FOAP

Pay Period #

Monthly or Bi-Weekly ☐ Monthly ☐ Bi-Weekly

Hours Missed (**attach timesheet**)

OR Amount Missed $

Reg. Hrs.

Reg. OT Hrs.

OT @ 1 1/2

Shift

Vac. Hrs.

Sick

Reason for request:

CHECK TO BE MAILED OR PICKED UP IN PAYROLL OFFICE? ☐ Mail ☐ Pick Up

REQUESTED BY: EXT. #: DATE:

CHAIR OR DIRECTOR SIGNATURE: EXT. #: DATE: