SUPPLEMENTAL PAY REQUEST FORM

THIS REQUEST MUST BE TURNED INTO THE PAYROLL OFFICE BY THE *16TH OF THE MONTH* FOR STAFF AND FACULTY AND THE *1ST OF THE MONTH* FOR STUDENTS, IN ORDER TO BE INCLUDED IN THE CURRENT MONTH'S CHECK.

REQUEST DATE: _____ **PAY DATE:** _____

FROM: _____
NAME *DEPT* *EXT*

DESCRIPTION: _____

SPECIAL INSTRUCTIONS: _____

HRCode	Last Name	First name	* Amount	*# of Hours	Rate	Account #

Alphabetize your list.