

EMERGENCY CHECK REQUEST/APPROVAL

PAYROLL OVERPAYMENT PROCEDURE

1. To initiate the overpayment process, the Overpayment form must be completed by the departmental payroll coordinator and signed by the department head.
2. The Overpayment form must then be forwarded to the appropriate Dean/Vice President for an approval signature.
3. The approved Overpayment form must then be sent to Payroll Services, payroll-services@ouhsc.edu, for approval by the Payroll Manager.
4. A fee of \$100.00 will be charged to the department for each Overpayment.
5. The departmental payroll coordinator will be notified once the form has been processed.

EMERGENCY CHECK REQUEST/APPROVAL

Requester: _____ Campus Phone #: _____

Payee Name: _____ Payee EMPLID: _____

Payee Address: _____

Department: _____ Date Check is Needed: _____

Department Contact: _____ Contact Phone: _____

Period Worked: _____ to _____ Amount: _____

Payment Type (i.e., regular, additional, etc): _____

HR Account Code for Payroll Transaction: _____

Please describe why this emergency check is being requested: _____

Chartfield Spread for fee: **(REQUIRED)**

| GL Acct | Fund* | Dept | Program | Class | Project/Grant |
|---------|-------|------|---------|-------|---------------|
| 955900 | | | | | |

*Emergency check fee cannot be charged to SPNSR, EDWCH or CLNSP.

By signing, I certify that this check is being requested for emergency purposes only and that my department will be assessed a \$100.00 service fee to be charged to the chartfield spread above.

I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 320.

Department Head Signature

Date

Dean/Vice President Signature

Date

| | |
|--|---------------|
| <u>Payroll Services Department use ONLY</u> | |
| _____ Payroll Department Manager Signature | _____ Date |