## PAYROLL EMERGENCY CHECK PROCEDURE

1. To initiate the emergency check process, the Emergency Check Request form must be completed by the departmental payroll coordinator and signed by the department head.

2. The Emergency Check Request form must then be forwarded to the appropriate Dean/Vice President for an approval signature.

3. The approved Emergency Check Request 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 emergency check processed.

5. The departmental payroll coordinator will be notified once the form has been processed.

**The University of Oklahoma Health Sciences Center**

# EMERGENCY CHECK REQUEST/APPROVAL

Requester: _____     Campus Phone #: _____

Payee Name: _____     Payee EMPLID: _____

Payee Address: _____

Department: _____ Date payment was supposed to be made: _____

Department Contact: _____     Contact Phone: _____

Period Worked: _____ to _____     Amount: _____

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

HR Combo Code for Payroll Transaction: _____

Please describe why this emergency check is being requested: _____

_____

_____

_____

_____

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

| GL Acct | Fund* | Org | Function | Entity | Source | Purpose | Project |
|---------|-------|-----|----------|--------|--------|---------|---------|
| 955900  |       |     |          |        |        |         |         |

**\*Emergency check fee cannot be charged to SPNSR, EDWCH or SP490.**

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

**Payroll Services Department use ONLY**

_____          _____

Payroll Department Manager Signature                          Date