

CONTROL # _____
CHECK # _____

University of Northern Colorado
NON SCHEDULED PAYROLL CHECK REQUEST

Please Type or Print

Date _____

ORG Name _____ Originator Name/Phone # _____

PAYEE INFORMATION

Name _____ Employee ID (Bear #) _____

Charge Wages to: (must total 100%)

FOAPAL # _____ Percent: _____

FOAPAL # _____ Percent: _____

FOAPAL # _____ Percent: _____

Hourly only: Hours _____ Hourly Rate \$ _____

Gross Dollar Amount of Check \$ _____ Please attach a copy of supporting documentation

Disposition of Check: Pickup _____ Phone number to contact: _____

Mail to (non-local only): _____

Reason for Non Scheduled Payroll Check Request: _____

CHECK FEE ASSESMENT: A Forty five dollar (\$45) fee assessment is due when processing a non scheduled payroll check request.

FOAPAL to be charged \$45 fee: _____

Signature of Requestor _____ Date _____

FOAPAL Signature Authority _____ Date _____

FOAPAL to be credited: **10830 51230 57990 9500**