

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

FOAPAL to be charged \$45 fee: (F) \_\_\_\_\_ (O) \_\_\_\_\_ (A) 72990 (P) \_\_\_\_\_ (A) \_\_\_\_\_ (L) \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

FOAPAL Signature Authority \_\_\_\_\_ Date \_\_\_\_\_

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