

MANUAL CHECK REQUEST FOR EXEMPT EMPLOYEE

Request is due Friday 5 pm and will pay the following Friday.

Date Prepared:			Preparer's Na	ime:			
Dept. Name:			Contact Phon	e:			
Dept. Org #:			Chart of Acco	unt: T S	Н	E	
Employee Tech ID: R			Employee Name:				
Fund:	_Orgn:	Acct:	Program:	Position:	T S	W	ΗE
Fund:	_Orgn:	Acct:	Program:	Position #: _		Suf	fix:
<i>,</i> ,	est Dates per Mon equested paymen		m: than one month, p	T Diease submit a fo			th.
		_	Payroll Use Only				
Earnings Code	Shift Units			Earning Code	Amo	ount Ow	ed
Please chec	k a general reasor	n or input an ex	planation as to w	hy there is a neec	l to issue	a manu	al check.
Pay increase	Delayed ePaf	Failed to subm	nit timesheet O	wed additional com	pensatio	n Wr	ong shift code

 Employee's Signature:
 ORG Manager's Signature:

Completed & signed forms should be delivered to Payroll Services. Fax: 806-742-1589 Mail Stop: 1092 To receive a confirmation email, send the request to <u>webmaster.payroll@ttu.edu</u>

	Payroll ID	Payroll #	Deductions	Paid On	Paid Only	Personnel/Effective	Position/Suffix
For			Set Up	Same	LNG/CPA	Date Verified	Verified
Payroll				Payroll			
Use Only							
	Eligible	Not	Paid	Not	2 Yr. Service	Wrong Douroll	Didn't Work
	Eligible	Not	Palu			Wrong Payroll	
Longevity/		Eligible		Paid	Credit Not	Cycle	On The 1 st Of
Hazardous					Fulfilled		The Month