

**REQUEST TO PROCESS PAPER TIMESHEET
AND / OR MANUAL PAY CHECK**

Employee's Information (all fields are required)	
Name: _____	Employee ID: _____
Department: _____	

Item(s) being requested: Paper Timesheet Processing.

Reason for Paper Timesheet Processing request (check one):

 Late new hire paper work Other (explain) _____ Manual Check Request.

Reason for manual check request (check one):

 Vacation Advance* Emergency Pay Advance* Late timesheet Late paperwork Other _____

*For Vacation and Emergency Pay Advance requests complete the following:

Advance for scheduled pay date of _____ covering the pay period of
_____ through _____.

Manual check to be available for pick up on _____ ☆☆.

☆☆ Manual checks require a minimum of 24 hours between receipt of request by the Human Resources Department and availability. Checks must be picked up after 3 p.m. at the Human Resources Service Center, 475 El Camino Real.

Employee Signature: _____ **Date:** _____**FOR THE SUPERVISOR/REQUESTOR:**

I understand that there will be a **\$50.00** fee for processing the paper timesheet and or manual check if it is other than a vacation /emergency advance allowed per calendar year for staff and faculty employees.

I authorize that the paper timesheet and or manual check be processed for the above employee and that the processing fee (if applicable) be charged to the account listed below. I certify that I am allowed to authorize charges to this account.

Supervisor Signature: _____ Date: _____

Account: 7410 Fund: _____ Dept. Name: _____

Program: _____ Activity: _____ Subclass: _____ Project/Grant: _____