



## Department of Human Resources

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

<b>Employee's Information (all fields are required)</b>	
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: \_\_\_\_\_