

 **Claremont Graduate University**
REQUEST FOR PAYROLL CHECK

Name: _____ School/Department: _____

SSN: _____ Employee ID#: _____

Faculty: Administration: Staff: Student: Biweekly:

Pay Period Start Date: _____ End Date: _____ Date Check Required: _____

Worktags: Fill in all appropriate worktags for up to two accounts. Fields marked with an asterisk (*) are required.

Program	Project	Grant	Gift	Job Family*	Cost Center*	Fund*	Spend Category*

Hourly Rate: _____ Regular Hours: _____ Total: _____ Overtime Hours: _____ *[time card required]*

Flat Amount: _____

Program	Project	Grant	Gift	Job Family*	Cost Center*	Fund*	Spend Category*

Hourly Rate: _____ Regular Hours: _____ Total: _____ Overtime Hours: _____ *[time card required]*

Flat Amount: _____

Purpose of Check: _____

Special Pay Instructions: _____

Separate Check:

Pay with Regular Check:

Interim Check:

Authorized School/Dept. Signature Date Human Resources Approval Date

Prepared By Date Payroll Date