

**SAFETY INCENTIVE AWARDS PAYMENT REQUEST**

Attn: Payroll Department, VARC RM 16  
 Phone: (757) 269-7503

**Check Disbursement Request**

Date: \_\_\_\_\_

Recipient: \_\_\_\_\_

*Check will be disbursed in the same fashion as the employee's paycheck (Direct deposit/check)*

NET Check Amount (circle one):     \$ 100.00                     \$ 50.00

Total Disbursement Amount:         \$ 162.34                     \$ 81.17  
*(Net Amount X 1.6234)*

Reason for Disbursement:   Safety Recognition

Date Requested: \_\_\_\_\_  
*(Note: Checks/Direct Deposits will be cut on the next payroll cycle.  
 Payment will normally be either the 1<sup>st</sup> or 16<sup>th</sup> of the month)*

Requestor Signature: \_\_\_\_\_

Project		Org		Account
<u>EPMRLE</u>	-	<u>COO</u>	-	<u>56-001</u>

Proj/Org Approval: \_\_\_\_\_  
*(Signature)*

Division Head/AD Approval: \_\_\_\_\_  
*(Signature)*

COO Approval: \_\_\_\_\_  
*(Signature)*

CFO Funds Control Approval: \_\_\_\_\_  
*(Signature)*

**Return All Forms to Human Resources**  
*\* Supervisor needs to attach a sheet to this document that includes a paragraph justifying why the employee should be the recipient of the above reward.*

