

PAYCHECK EXCEPTION REQUEST

NOTE: The purpose of this form is to request an out of cycle payment to an employee due to missed or late personnel action changes or time approval. Please email completed form to Mary.Davis@untsystem.edu and copy: bsc@untsystem.edu. Once the form is received it will be reviewed for approval/non-approval. The department will be notified if the payment will be made prior to the next available payroll.

Department Name:			Date of Request:	
Requestor's Name:			Department Base ID#:	
Requestor's Email:			Requestor's Phone #:	
Pay Period Start Date:			Pay Period End Date:	
EMPLID	Record#	Employee's Name	ePAR# (if applicable)	Time & Labor Group ID
Reason for Request:				
Department Head Name			Signature	
		(please print)		
Vice President or Dean's	s Name	(place print)	Signature	
		(please print)		
	-	itting the request to the Business Service Center:		For Use by Business Service Center Only:
1. Inform the employee(s) th		nt will be delayed, an entered and approved; and/or		Date Received in Payroll: Processed by:
Verify all hours have been		• • • • • • • • • • • • • • • • • • • •		Date Department Notified: