



## 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](mailto:Mary.Davis@untsystem.edu) and copy: [Joanna.Hoden@untsystem.edu](mailto:Joanna.Hoden@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.

<b>Department Name:</b>	<b>Date of Request:</b>
<b>Requestor's Name:</b>	<b>Department Base ID#:</b>
<b>Requestor's Email:</b>	<b>Requestor's Phone #:</b>

<b>Pay Period Start Date:</b>	<b>Pay Period End Date:</b>
-------------------------------	-----------------------------

EMPLID	Record#	Employee's Name	ePAR# (if applicable)	Time & Labor Group ID

**Reason for Request:**

<b>Department Head Name</b>	<b>Signature</b>
..... (please print)	<div style="border: 1px solid black; height: 40px;"></div>

<b>Vice President or Dean's Name</b>	<b>Signature</b>
..... (please print)	<div style="border: 1px solid black; height: 40px;"></div>

<b>Please complete the following before submitting the request to the Business Service Center:</b>	<b>For Use by Business Service Center Only:</b>
<ol style="list-style-type: none"> <li>1. Inform the employee(s) that their payment will be delayed,</li> <li>2. Verify all personnel action items have been entered and approved; and/or</li> <li>3. Verify all hours have been entered and approved.</li> </ol>	Date Received in Payroll: _____ Processed by: _____ Date Department Notified: _____