



Payroll Check Request Form

Please forward to Payroll
Unit A520 Melrose#109
T: 503.883.2462

| | | | |
|---|---------------|-----------------------------|----------------|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | | COLLEAGUE ID # | DATE REQUESTED |
| REQUESTED BY (PRINT NAME) | | AMOUNT REQUESTED (IF KNOWN) | |
| <input type="checkbox"/> SPECIAL PAYMENT/BONUS/ONE TIME STIPEND | | DESCRIPTION OF REQUEST: | |
| ACCOUNT #: _____ \$ _____ | | | |
| _____ \$ _____ | | | |
| _____ \$ _____ | | | |
| DEPT. HEAD SIGNATURE & DATE: _____ | | | |
| DEPT. VICE PRESIDENT SIGNATURE & DATE: _____ | | | |
| FOR HR OFFICE USE ONLY: | | | |
| Received in HR: | Processed By: | Date Processed: | Check #: |